



## **Out-of-State Non-Bordering Services**

### **Out-of-State Non-Bordering Non-Emergency Services**

MO HealthNet participants may need non-emergency medical care outside of the state of Missouri. These requests **must** be reviewed and approved before the participant receives services. The participant may need special care or non-emergency treatment that cannot be accessed in Missouri or a bordering state to Missouri. The MO HealthNet Division (MHD) may pay for the non-emergency care in another state that does not border Missouri, but the out-of-state provider(s) must be enrolled with MHD, and the care must be approved first.

### **Out-of-State Non-Bordering Emergency Services**

Missouri residents who are MO HealthNet participants may be traveling or visiting an out-of-state non-bordering state and require immediate medical attention, which requires an emergency room visit for services. MHD may pay for the emergency care in another state that does not border Missouri, but the provider must be enrolled with MHD, and the care must be reviewed for emergency criteria first.

Services outside the United States, District of Columbia, and the following territories: Northern Mariana Islands, American Samoa, Guam, Puerto Rico, and the Virgin Islands are not covered.

### **Bordering States to MO**

Bordering states are states that border the physical boundaries of Missouri. Providers enrolled with MHD in states that border Missouri, are held to the same rules, regulations, and program provisions as Missouri providers. The provider in the bordering state has to be enrolled with the MHD.

This is a list of states that border Missouri.

- Arkansas
- Illinois
- Iowa
- Kansas
- Kentucky
- Nebraska
- Oklahoma
- Tennessee

## **Non-Bordering States to MO**

Non-bordering states to Missouri are those states that do not physically border Missouri. Any State not mentioned in the Bordering States section is considered Non-Bordering States to Missouri.

## **Out-of-State Non-Bordering Non-Emergency Prior Authorization**

The out-of-state, non-bordering, non-emergency Prior Authorization (PA) process is described in the [MO HealthNet Provider Manuals, Section 8.9](#). Please review Section 8.9 for details concerning the PA process for MO HealthNet covered services that are to be provided out-of-state for eligible MO HealthNet participants.

Please note that the performing and billing provider **must enroll** as a MO HealthNet provider before a request for out-of-state services can be reviewed.

The provider may contact the Provider Enrollment Unit to obtain the enrollment application and guide or visit the [Provider Enrollment webpage](#).

- [Apply to be a MO Medicaid Provider](#)
- [Provider Enrollment Guide](#) (Information and Requirements)
- [Civil Rights](#) (Compliance Information)
- [Home and Community Based Services](#) (Forms and Applications)
- [Provider Enrollment Applications and Forms](#)

Providers can contact the Provider Enrollment Unit for enrollment questions by email at: [mmac.providerenrollment@dss.mo.gov](mailto:mmac.providerenrollment@dss.mo.gov).

**Once the provider enrolls, please contact MO HealthNet to complete the request for non-emergency treatment out-of-state.**

The Missouri provider, who is referring the participant to receive out-of-state non-emergency treatment, must send in a request for the services outside of MO.

To obtain a PA for out-of-state, non-emergency services, *a written request must* be submitted by a physician to:

MO HealthNet Division  
Participant Services Unit  
P.O. Box 6500  
Jefferson City, MO 65102-6500

## **Out-of-State Non-Bordering Emergency Services**

In order for the claim to be reviewed for processing, the out-of-state provider must enroll as a MO HealthNet provider. The provider should contact Provider Communications at (573) 751-2896, to determine participant eligibility and coverage. If one of the conditions is met below, then the provider may be able to enroll and bill MHD directly, or if the participant is not eligible, in a limited benefit package, or enrolled in a Managed Care Plan, the provider will not bill MHD.

**If the provider is willing to enroll, call Provider Communications first to determine the following:**

- Participant eligibility on the date of service (DOS).
- Participant enrolled in a Managed Care Plan.
- Coverage in a limited benefit package that does not cover emergency services.
- PA exemptions including:
  - Medicare and MO HealthNet crossovers
  - Bordering state providers
  - All foster care children living outside of MO
  - Independent laboratories
  - Emergency Ambulance Services

**If the provider is not enrolled, go to steps 1-4. If the provider is enrolled, go to steps 5-8.**

1. If the provider is not enrolled, the claim will be denied because the provider is not enrolled as a MO HealthNet provider. Once the enrollment is completed, go through steps 5-8.
2. The provider may access the [Provider Enrollment application and guide](#) for assistance.
3. Providers can contact the Provider Enrollment Unit for questions regarding enrollment at (573) 751-3399 or email at [mmac.providerenrollment@dss.mo.gov](mailto:mmac.providerenrollment@dss.mo.gov).
4. Once enrolled, the provider should complete steps 5-8.
5. If the provider is enrolled, the claim will need to be reviewed for Prior Authorization exemptions or emergency criteria.

According to MO state regulation 13 CSR 70-3.120 (2), “Emergency services are defined as those services provided in a hospital, clinic, office, or other facility that is equipped to furnish the required care, after sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in a) placing the patient’s health in serious jeopardy, b) serious impairment to bodily functions, or c) serious dysfunction of any bodily organ or part.”

6. In order for the claim to be reviewed for emergency criteria, copies of documentation associated with the DOS must be included with the paper claim (CMS-1500 for Medical claims or UB-04 for Hospital claims).
  - a. Copy of the Emergency Room Report and Hospitalization Reports.
  - b. Copy of Admission and Discharge Summary.
  - c. Copy of MO HealthNet Identification Card.
  - d. Copy of the Financial Responsibility form.
  - e. Copy of EOB (Explanation of Benefits) from any TPL (Third Party Liability).
  
7. Submit the claim and documentation to:

<b>CMS-1500:</b>	<b>UB04:</b>
MO HealthNet Division	MO HealthNet Division
PO Box 5600	PO Box 5200
Jefferson City, MO 65102	Jefferson City, MO 65102
  
8. Providers should call Provider Communications for claims disposition questions at (573) 751-2896.

**PAYMENT IS NOT GUARANTEED. PAYMENT IS SUBJECT TO PARTICIPANT ELIGIBILITY AND PLAN PROVISIONS AT THE TIME SERVICES ARE PROVIDED.**