

Missouri

Medicaid Program: HealthNet

Program Administrator: Missouri Dept. of Social Services

Regional Telehealth Resource Center: Heartland Telehealth Resource Center

Covers the States of: Kansas, Missouri & Oklahoma

www.heartlandtrc.org

Medicaid Telehealth Reimbursement	Summary	<p>* A Feb. 2018 Medicaid Bulletin states that MO regulation Title 13, 70-3.190 will soon be rescinded and to not follow this regulation. To view the telehealth requirements contained in this regulation, reference the regulatory text (see source).</p> <p>Source: MO Department of Social Services. Provider Bulletin. Vol. 40, No. 47. Feb. 2, 2018. (Accessed Sept. 2018) & MO Code of State Regulation, Title 13, 70-3.190. (Accessed Sept. 2018).</p>
	Definitions	<p>“Telehealth” or “telemedicine”, the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.</p> <p>Source: MO Revised Statute Title XII Public Health and Welfare Sec. 208.670 which references Title XII Sec. 191.1145.</p> <p>Telehealth Services are medical services provided through advanced telecommunications technology from one location to another. Medical information is exchanged in real-time communication from an originating site, where the participant is located, to a distant site, where the provider is located, allowing them to interact as if they are having a face-to-face, hands-on session.</p> <p>A Telehealth service requires the use of a two (2)-way interactive video technology.</p> <p>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 201 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 284 (May 23, 2018). (Accessed Sept. 2018).</p>
	Live Video Policy	<p>The department of social services shall reimburse providers for services provided through telehealth if such providers can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in-person. Reimbursement for telehealth services shall be made in the same way as reimbursement for in-person contact; however, consideration shall also be made for reimbursement to the originating site.</p> <p>Source: MO Revised Statute Ch. 208 Sec. 208.670.</p> <p>Telehealth services are only covered if medically necessary.</p> <p>Source: MO Department of Social Services. Physician Provider Manual. Sec. 13.69. pg. 285. 5/23/18. (Accessed Sept. 2018).</p>

Coverage is limited to:

- Consultations made to confirm a diagnosis; or
- Evaluation and management services; or
- A diagnosis, therapeutic, or interpretative service; or
- Individual psychiatric or substance abuse assessment diagnostic interview examinations; or
- Individual psychotherapy
- Pharmacologic management (for RHCs)

Source: MO HealthNet, Physician Manual, Telehealth Services, Sec. 13.69, p. 285 (May 23, 2018) MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 210 (May 23, 2018) & (Pharmacologic management): MO HealthNet, Rural Health Clinic, p. 165 (May 23, 2018). (Accessed Sept. 2018).

POS 02 should be used for telehealth furnished from the distant site. Distant services provided on school grounds should be billed with POS 03 and a GT modifier.

Source: MO HealthNet Provider Bulletin. Vol. 41, No. 10. Aug. 17, 2018. (Accessed Sept. 2018).

Rural Health Clinics (As Distant Site Providers)

Eligible services:

- Consultations
- Office or other outpatient visits
- Psychiatric diagnostic procedures
- Psychotherapy

Source: MO HealthNet, Rural Health Clinic, p. 166 (May 23, 2018). (Accessed Sept. 2018).

Eligible providers:

- Physicians;
- Advanced registered Nurse Practitioners, including Nurse Practitioners with a mental health specialty;
- Psychologists.

POS 02 should be used for telehealth furnished from the distant site. Distant services provided on school grounds should be billed with POS 03 and a GT modifier.

Source: MO HealthNet Provider Bulletin. Vol. 41, No. 10. Aug. 17, 2018. (Accessed Sept. 2018).

RHCs must bill with their non-RHC provider number when they are either the distant or originating site to receive the facility fee.

Source: MO HealthNet, Rural Health Clinic, p. 166 (May 23, 2018). (Accessed Sept. 2018).

Comprehensive Substance Treatment and Rehabilitation (CSTAR):

Medication services may be provided via telehealth.

Source: MO HealthNet, Provider Manual, CSTAR, Section 13, p. 200 (May 23, 2018). (Accessed Sept. 2018).

Anesthesiologist monitoring telemetry in the operating room is a non-covered service.

Source: MO HealthNet, Physician Manual, p. 209 (May 23, 2018). (Accessed Sept. 2018).

The department shall not restrict the originating site through rule or payment so long as the provider can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in-person.

Source: *MO Revised Statute Ch. 208 Sec. 208.670.*

No originating site for services or activities provided under this section shall be required to maintain immediate availability of on-site clinical staff during the telehealth services, except as necessary to meet the standard of care for the treatment of the patient's medical condition if such condition is being treated by an eligible health care provider who is not at the originating site, has not previously seen the patient in-person in a clinical setting, and is not providing coverage for a health care provider who has an established relationship with the patient.

Source: *MO Revised Statute Sec. 191.1145.*

RHCs must bill with their non-RHC provider number when they are either the distant or originating site to receive the facility fee.

Source: *MO HealthNet, Rural Health Clinic, p. 166 (May 23, 2018). (Accessed Sept. 2018).*

The originating site is where the MO HealthNet participant receiving the telehealth service is physically located. The originating site and distant site can be billed by the same provider for the same date of service as long as the distant site is not located in the originating site facility.

Source: *MO Department of Social Services. Provider Bulletin. Vol. 40, No. 47. Feb. 2, 2018. (Accessed Sept. 2018).*

Originating sites must be one of the following:

- Physician or other health care provider office;
- Hospital;
- Critical Access Hospital;
- Rural Health Clinic;
- Federally Qualified Health Center;
- Missouri state habilitation center or regional office;
- Community mental health center;
- Missouri state mental health facility;
- Missouri state facility.

Source: *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 210 (May 23, 2018). (Accessed Sept. 2018).*

Source: *MO HealthNet, Physician Manual, Telehealth Services, p. 285 (May 23, 2018). (Accessed Sept. 2018).*

RHCs must bill with their non-RHC provider number when they are either the distant or originating site to receive the facility fee.

Source: *MO HealthNet, Rural Health Clinic, p. 166 (May 23, 2018). (Accessed Sept. 2018).*

Payment for services rendered via telehealth shall not depend on any minimum distance requirement between the originating and distant site.

Source: *MO Revised Statute Ch. 208 Sec. 208.670.*

Medicaid Telehealth Reimbursement

Live Video	Facility/Transmission Fee	<p>Reimbursement for telehealth services shall be made in the same way as reimbursement for in-person contact; however, consideration shall also be made for reimbursement to the originating site.</p> <p>Source: <i>MO Revised Statute Ch. 208 Sec. 208.670.</i></p> <p>Providers can bill Q3014 for the telehealth originating site facility fee.</p> <p>Source: <i>MO Department of Social Services. Provider Bulletin. Vol. 40, No. 47. Feb. 2, 2018. (Accessed Sept. 2018).</i></p> <p>FQHCs and RHCs are eligible for an originating site facility fee.</p> <p>Source: <i>MO Department of Social Services. Provider Bulletin. Vol. 40, No. 21. Aug. 29, 2017. (Accessed Sept. 2018).</i></p> <p>Originating sites are eligible to receive a facility fee; distant sites are not eligible. The cost of an optional telepresenter is included in the facility fee.</p> <p>Source: <i>MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 212 (May 23, 2017). (Accessed Sept. 2018).</i> Source: <i>MO HealthNet, Physician Manual, Telehealth Services, p. 286 (May 23, 2017). (Accessed Sept. 2018).</i></p>
	Policy	<p>Reimbursement for asynchronous store-and-forward may be capped at the reimbursement rate had the service been provided in-person.</p> <p>Source: <i>MO Revised Statute Ch. 208 Sec. 208.670.</i></p> <p>HealthNet will not reimburse for store-and-forward.</p> <p>Source: <i>MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 209 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 284 (May 23, 2018). (Accessed Sept. 2018).</i></p>
	Eligible Services/Specialties	No reference found.
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.

Policy

Subject to appropriations, the department shall establish a statewide program that permits reimbursement under the MO HealthNet program for home telemonitoring services.

Source: *MO Revised Statute Sec. 208.686.*

Personal Emergency Response Systems (an electronic device that is programmed to signal a response center once the help button is activated) is available for patients at high risk of being institutionalized.

Source: *MO HealthNet, Provider Manual, Developmental Disabilities Waiver Manual, Section 13, p. 23 (Jul. 15, 2016). (Accessed Sept. 2018).*

Conditions

Eligible conditions:

- Pregnancy
- Diabetes
- Heart disease
- Cancer
- Chronic obstructive pulmonary disease
- Hypertension
- Congestive heart failure
- Mental illness or serious emotional disturbance
- Asthma
- Myocardial infarction or
- Stroke

The beneficiary must also exhibit two or more the following risk factors:

- Two or more hospitalizations in the prior twelve-month period;
- Frequent or recurrent emergency department admissions;
- A documented history of poor adherence to ordered medication regimens;
- A documented history of falls in the prior six-month period;
- Limited or absent informal support systems;
- Living alone or being home alone for extended periods of time;
- A documented history of care access challenges; or
- A documented history of consistently missed appointments with health care providers.

Source: *MO Revised Statute Sec. 208.686.*

Provider Limitations

The program must ensure the home health agency or hospital shares telemonitoring clinical information with participant’s physician.

Source: *MO Revised Statute Sec. 208.686.*

Other Restrictions

If, after implementation, the department determines that the program established under this section is not cost effective, the department may discontinue the program and stop providing reimbursement under the MO HealthNet program for home telemonitoring services. The department shall promulgate rules and regulations to implement the provisions of this section.

Source: *MO Revised Statute Sec. 208.686.*

Email / Phone / Fax

No reimbursement for email.
 No reimbursement for phone.
 No reimbursement for fax.
 No reimbursement for a consultation between healthcare providers.
 No reimbursement for services provided via videophone.

Source: MO HealthNet, Physician Manual, Telehealth Services, p. 284 (May 23, 2018). (Accessed Sept. 2018).

Consent

Prior to the provision of telehealth services in a school, the parent or guardian of the child shall provide authorization for the provision of such service. Such authorization shall include the ability for the parent or guardian to authorize services via telehealth in the school for the remainder of the school year.

Source: MO Revised Statute. XII Public Health and Welfare. Ch. 208, Sec. 208.677.

Providers must obtain written patient consent before delivery of telehealth services. Each of the written information must be provided in a format and manner that the participant can understand:

- The participant shall have the option to refuse the Telehealth service at anytime without affecting the right to future care and treatment and without risking the loss or withdrawal of a MO HealthNet benefit to which the participant is entitled;
- The participant shall be informed of alternatives to the Telehealth service that are available to the participant;
- The participant shall have access to medical information resulting from the Telehealth service as provided by law;
- The dissemination, storage, or retention of an identifiable participant image or other information from the Telehealth service must not occur without the written informed consent of the participant or the participant’s legally authorized representative;
- The participant shall have the right to be informed of the parties who will be present at the originating site and the distant site during the Telehealth service and shall have the right to exclude anyone from either site; and
- The participant shall have the right to object to the videotaping or other recording of a Telehealth service.

Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 213 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 287 (May 23, 2018) & MO HealthNet, Rural Health Clinic, p. 167-8 (May 23, 2018), (Accessed Sept. 2018)

Out of State Providers

Payment cannot be made to entities outside of the US, and US territories.

Source: MO HealthNet, Physician Manual, Telehealth Services, p. 64 (May 23, 2018). (Accessed Sept. 2018); MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 59 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 64 (May 23, 2018) & MO HealthNet, Rural Health Clinic, p. 56 (May 23, 2018), (Accessed Sept. 2018).

Miscellaneous

Special documentation requirements apply.

Source: MO HealthNet, Physician Manual, Telehealth Services, p. 64 (May 23, 2018). (Accessed Sept. 2018); MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 212-3 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 286-7 (May 23, 2018) & MO HealthNet, Rural Health Clinic, p. 166-7 (May 23, 2018), (Accessed Sept. 2018).

A telehealth service must be performed on a private dedicated telecommunications line approved through the Missouri Telehealth Network (MTN).

Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 213 (May 23, 2018) & MO HealthNet, Rural Health Clinic, p. 167 (May 23, 2018). (Accessed Sept. 2018).

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	Requirements	<p>Health carriers shall not deny coverage for a health care service on the basis that the health care service is provided through telehealth if the same service would be covered if provided through face-to-face diagnosis, consultation, or treatment.</p> <p>A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient.</p> <p>A health carrier shall not be required to reimburse a telehealth provider or a consulting provider for site origination fees or costs for the provision of telehealth services; however, subject to correct coding, a health carrier shall reimburse a health care provider for the diagnosis, consultation, or treatment of an insured or enrollee when the health care service is delivered through telehealth on the same basis that the health carrier covers the service when it is delivered in-person.</p> <p>A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.</p> <p>Source: <i>MO Revised Statutes § 376.1900.</i></p> <p>Missouri Consolidated Health Care Plan (State employees and retirees health plan) Telehealth services are covered on the same basis that the service would be covered when it is delivered in-person. Telehealth site origination fees or costs for the provision of telehealth services are not covered.</p> <p>Source: <i>MO Consolidated State Reg. 22:10-3.057.</i></p>			
	Parity	<table border="1"> <tr> <td>Service Parity</td> <td> <p>A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient. A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.</p> <p>Source: <i>MO Revised Statutes § 376.1900.</i></p> </td> </tr> <tr> <td>Payment Parity</td> <td> <p>No explicit payment parity.</p> </td> </tr> </table>	Service Parity	<p>A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient. A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.</p> <p>Source: <i>MO Revised Statutes § 376.1900.</i></p>	Payment Parity
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Definitions

“Telehealth” or “telemedicine”, the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

Source: *MO Revised Statute Sec. 191.1145.*

Licensing of Physicians and Surgeons

Telehealth means the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient.

Source: *MO Code of State Regulation. Title 20, 2150-2.001.*

Consent

Collaborative Care Arrangement

Telehealth providers (including Advanced Practice Registered Nurses who are providing nursing services under a collaborative practice arrangement) are required to obtain patient (or the patient’s guardian’s) consent and document consent in patient’s record.

Source: *MO Code of State Regulation. Title 20, 2150-2.240 & Sec. 20, 2150-5.100 & MO Revised Statute Title XXII Occupations and Professions Ch. 335.175.*

Online Prescribing

Prescribing or dispensing drugs without sufficient examination is prohibited.

Source: *MO Revised Statutes § 334.100(2)(h).*

A telemedicine encounter can establish a physician-patient relationship if the standard of care does not require an in-person encounter and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

In order to establish a physician-patient relationship through telemedicine:

- The technology utilized shall be sufficient to establish an informed diagnosis as though the medical interview and physical examination has been performed in-person; and
- Prior to providing treatment, including issuing prescriptions, a physician who uses telemedicine shall interview the patient, collect or review relevant medical history, and perform an examination sufficient for the diagnosis and treatment of the patient. A questionnaire completed by the patient, whether via the internet or telephone, does not constitute an acceptable medical interview and examination for the provision of treatment by telehealth.

Source: *MO Revised Statute Ch. 191 Sec. 191.1146.*

In addition, in order to prescribe, the relationship includes:

- Obtaining a reliable medical history and performing a physical examination of the patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify underlying conditions or contraindications to the treatment recommended or provided;
- Having sufficient dialogue with the patient regarding treatment options and the risks and benefits of treatment or treatments;
- If appropriate, following up with the patient to assess the therapeutic outcome;
- Maintaining a contemporaneous medical record that is readily available to the patient and, subject to the patient’s consent, to the patient’s other health care professionals; and
- Maintaining the electronic prescription information as part of the patient’s medical record.

The requirements of subsection 1 (see above) may be satisfied by the prescribing physician's designee when treatment is provided in:

- A hospital;
- A hospice program;
- Home health services provided by a home health agency;
- Accordance with a collaborative practice agreement;
- Conjunction with a physician assistant licensed;
- Conjunction with an assistant physician;
- Consultation with another physician who has an ongoing physician-patient relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications; or
- On-call or cross-coverage situations.

No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone; except that, a physician, such as a physician's on-call designee, an advanced practice registered nurse in a collaborative practice arrangement with such physician, a physician assistant in a supervision agreement with such physician, or an assistant physician in a supervision agreement with such physician may prescribe any drug, controlled substance, or other treatment that is within his or her scope of practice to a patient based solely on a telephone evaluation if a previously established and ongoing physician-patient relationship exists between such physician and the patient being treated.

No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an internet request or an internet questionnaire.

Source: *MO Revised Statute Sec. 334.108.*

In order to treat patients in this state through the use of telemedicine or telehealth, health care providers shall be fully licensed to practice in this state and shall be subject to regulation by their respective professional boards.

Does not apply to:

- Informal consultation performed by a health care provider licensed in another state, outside of the context of a contractual relationship, and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation;
- Furnishing of health care services by a health care provider licensed and located in another state in case of an emergency or disaster; provided that, no charge is made for the medical assistance; or
- Episodic consultation by a health care provider licensed and located in another state who provides such consultation services on request to a physician in this state.

Source: *MO Revised Statute Ch. 191 Sec. 191.1145.*

Member of Psychology Interjurisdictional Compact (PSYPACT).

Source: *MO HB 1719 (2018). (Accessed Sept. 2018).*

Member of Physical Therapy Compact.

Source: *PT Compact Map. (Accessed Sept. 2018).*

Member of Nurses Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2018).*

No reference found.

