Missouri Medicaid will reimburse for services delivered via live video.

“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 Title XII Public Health and Welfare Sec. 208.670 which references Title XII Sec. 191.1145. (Accessed Aug. 2019).

Telehealth Services are health care services provided through 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.


Services provided through telehealth must meet the standard of care that would otherwise be expected should such services be provided in person. Prior to the delivery of telehealth services in a school, the parent or guardian of the child shall provide authorization for such service. The 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.


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.

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.


**Comprehensive Substance Abuse Treatment & Rehabilitation (CSTAR) Program**
Medication services and other services may be provided via telehealth.


**Community Psych Rehab Program**
Several services are covered if delivered via telehealth. See manual for specific services.


**Home Health**
The telehealth may be used in the “face-to-face” requirement of an encounter.


**Dentistry**
Real-time teledentistry is covered. See manual for codes.


Any licensed health care provider shall be authorized to provide telehealth services if such services are within the scope of practice for which the health care provider is licensed and are provided with the same standard of care as services provided in person. To be reimbursed for telehealth services health care providers treating patients in this state, utilizing telehealth, must be fully licensed to practice in this state and be enrolled as a MHD provider prior to rendering services.


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


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


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. (Accessed Aug. 2019).

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(6). (Accessed Aug. 2019).
RHCs must bill with their non-RHC provider number (or when the distant site, the RHC provider number can also be used) when they are the originating site to receive the facility fee.

Distant site services provided on school grounds should be billed with place of service 03 and a GT modifier.


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.


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


Providers can bill Q3014 for the telehealth originating site facility fee.


FQHCs and RHCs are eligible for an originating site facility fee. Special billing instructions apply to FQHC providers.


The originating site is only eligible to receive a facility fee for the Telehealth service. Claims should be submitted with HCPCS code Q3014 (Telehealth originating site facility fee). Procedure code Q3014 is used by the originating site to receive reimbursement for the use of the facility while Telehealth services are being rendered.


Reimbursement for asynchronous store-and-forward may be capped at the reimbursement rate had the service been provided in-person.


Dentistry
Dentist review via teledentistry is covered. See manual for codes.

### Medicaid Telehealth Reimbursement

#### Remote Patient Monitoring

<table>
<thead>
<tr>
<th>Conditions</th>
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</thead>
<tbody>
<tr>
<td>Eligible conditions:</td>
</tr>
<tr>
<td>- Pregnancy</td>
</tr>
<tr>
<td>- Diabetes</td>
</tr>
<tr>
<td>- Heart disease</td>
</tr>
<tr>
<td>- Cancer</td>
</tr>
<tr>
<td>- Chronic obstructive pulmonary disease</td>
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<tr>
<td>- Hypertension</td>
</tr>
<tr>
<td>- Congestive heart failure</td>
</tr>
<tr>
<td>- Mental illness or serious emotional disturbance</td>
</tr>
<tr>
<td>- Asthma</td>
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<tr>
<td>- Myocardial infarction; or</td>
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<tr>
<td>- Stroke</td>
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</tbody>
</table>

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 (Accessed Aug. 2019).

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.

<table>
<thead>
<tr>
<th>Medicaid Telehealth Reimbursement</th>
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### 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. (Accessed Aug. 2019).

### Remote Patient Monitoring

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. (Accessed Aug. 2019).

### Other Restrictions

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.


### Consent

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


### Out of State Providers

Special documentation requirements apply.


Place of service school (03) must be used for services provided in a school or on school grounds. If a school district is providing telehealth services on school grounds, the GT modifier must be used.

### 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 Title XXIV Business and Professions, Sec. 376.1900, which references Sec. Title XII Public Health and Welfare Sec. 208.670 which references Title XII Sec. 191.1145. (Accessed Aug. 2019)

### Requirements

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.

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 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.

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.

**Source:** MO Revised Statutes § 376.1900. (Accessed Aug. 2019).

**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.

**Source:** MO Consolidated State Reg. 22:10-3.057.

### Parity

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.

**Source:** MO Revised Statutes § 376.1900. (Accessed Aug. 2019).

No explicit payment parity.
“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.


**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.


**Collaborative Care Arrangement**

Telehealth providers (including Advanced Practice Registered Nurses who 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(2(F)) & Sec. 20, 2150-5.100(3(H)) & MO Revised Statute Title XXII Occupations and Professions Ch. 335.175. (Accessed Aug. 2019).

Prescribing or dispensing drugs without sufficient examination is prohibited.


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.


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

1. 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;
2. Having sufficient dialogue with the patient regarding treatment options and the risks and benefits of treatment or treatments;
3. If appropriate, following up with the patient to assess the therapeutic outcome;
4. 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
5. Maintaining the electronic prescription information as part of the patient's medical record.
Online Prescribing

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 or such physician's on-call designee, or an advanced practice registered nurse, a physician assistant, or an assistant physician in a collaborative practice arrangement 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.


Cross-State Licensing

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.


Member of Psychology Interjurisdictional Compact (PSYPACT).


Member of Physical Therapy Compact.


Member of Nurses Licensure Compact.


Miscellaneous

No reference found.