

Telehealth Guidance for Missouri FQHCs



Telehealth Parity Payments for Commercial Insurance

In Missouri, health plans must provide coverage for telehealth services if the same service is covered as an in-person service. Health plans must also reimburse for telehealth services at the same rate that they reimburse for services provided in-person. (RSMO 376.1900)

Telehealth for Collaborative Practice Arrangements

Mileage limitations between collaborating physicians and APRNs do not apply if the physician and APRN utilize telehealth in the care of the patient, and if the services are provided in a rural Health Professional Shortage Area (HPSA). (RSMO 335.175)

The State of Missouri defines telehealth as “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...” (RSMO 191.1145). In Missouri, any licensed health care provider can provide telehealth services as long as the services are within the scope of the provider’s license and are provided with the same standard of care as in-person services.

Telehealth Services in FQHCs

Federally Qualified Health Centers (FQHCs) are major sources of primary care for medically underserved areas and populations in Missouri. Half of the FQHCs in Missouri currently use telehealth to provide services, with most using telehealth to provide mental health services (2016 HRSA UDS Reports). Services provided by FQHCs are established via a scope of project (scope) between the FQHC and the Health Resources and Services Administration (HRSA). The scope defines the activities supported and authorized by HRSA to be considered as FQHC activities, and defines the HRSA-approved services, sites, providers, service area and target population.

Telehealth, when considered as a part of a FQHC’s scope, is treated by HRSA as a means for delivering health care services, not a separate service itself. When considering adding telehealth as a delivery method, FQHCs typically do not need to request a formal change in scope (unless the service delivery method changes to only being provided via a formal written referral arrangement). Additionally, unless the service will be provided via a new method (e.g. direct provision of psychiatric care changed to a written contract with a psychiatric provider) FQHCs should not need to seek a scope adjustment from HRSA.



Missouri Telehealth Network

University of Missouri Health

MO Healthnet Considerations

On February 1, 2018, MO HealthNet released new guidelines on the use of telehealth and telemedicine. Here are some notable items to know:

Originating Site

The term “originating site” now means all sites where a MO HealthNet patient is when he or she gets health care through telemedicine. Most of the time, an originating site will be a health care clinic of some kind, but it could also be a school or the patient’s residence.

Distant Site

The term “distant site” means the place where the health care provider is when he or she gives health care through telemedicine.

FQHCs can serve as distant sites for MO HealthNet beneficiaries.

Billing

Any licensed health care provider in Missouri can bill MO HealthNet for services rendered via telehealth, so long as those services would have been billed in person. Use the appropriate CPT code for the service along with the “GT” modifier when submitting telehealth claims.

Providers should continue billing HCPCS code Q3014 for the telehealth originating site facility fee as instructed in previous bulletins.

Effective for dates of service on or after July 1, 2017, FQHC providers must bill no more than \$16.49 in order to receive the \$15.17 maximum reimbursement for the originating site fee. Claims will be subject to post payment review and those reimbursed more than \$15.17 will be adjusted to recoup the difference.

FQHC providers must also remove charges and payments for telehealth services from their year-end cost reports.

Reimbursement

Reimbursement to the health care provider delivering the medical service at the distant site is equal to the current fee schedule amount for the service provided. Use the appropriate CPT code for the service along with the “GT” modifier when submitting telehealth claims.

Store and Forward

MO HealthNet now allows “asynchronous store-and-forward transfer” of health records. This means that a patient’s health records can be saved at one point, then sent from an originating site to a health care provider at a distant site. The main point being the patient may not be at the site when the files are sent and reviewed.

If you contract with an out of state telehealth provider, the provider must have a Missouri license and must be enrolled with MO Healthnet.

Medicare Considerations

Medicare released its annual update to telehealth guidelines in February 2018. Here are some notable items to know:

Originating Site

FQHCs are authorized to serve as originating sites in Medicare. An originating site is the location of an eligible Medicare beneficiary at the time the service furnished via a telecommunications system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in:

- A county outside of a Metropolitan Statistical Area (MSA)
- A rural Health Professional Shortage Area (HPSA) located in a rural census tract

HRSA maintains the Telehealth Payment Eligibility Analyzer which verifies the eligibility of a facility for Medicare telehealth originating site payment. It is located at: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/telehealth.aspx>

Distant Site

The term “distant site” means the place where the health care provider is when he or she gives health care through telemedicine.

FQHCs are not authorized to serve as distant (provider) sites in Medicare (Medicare Benefit Policy Manual, Chapter 13, Section 200).

Reimbursement

The originating site facility fee reimbursement for 2018 is \$25.76.

