

A PROVIDER'S GUIDE: Telehealth Reimbursement Coverage in Missouri During COVID-19

Rapid developments with the COVID-19 pandemic have resulted in a set of broad expansions of telehealth policy, including key changes to both public and private payer payment policies, at least for the duration of this emergency period. This guide is meant to help healthcare providers and organizations get up to speed quickly on these changes and key components of telehealth payment in Missouri. Please keep in mind that events and policies are changing rapidly, and that this document will be updated frequently as new information and policies become available/are enacted.

CMS Medicaid Section 1135 Waiver

On March 25, 2020, CMS approved a waiver of requirements for the state Medicaid program (including the Children's Health Insurance Program) for Missouri effective March 1, 2020

(<https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/entry/54060>). Changes that impact the delivery of telehealth services are outlined below:

1. Temporarily enroll providers enrolled with another state Medicaid agency or Medicare;
 - a. Reimburse claims from out-of-state providers not enrolled in Missouri's Medicaid program for multiple dates of service;
 - b. Enroll providers in Missouri Medicaid who are not currently enrolled with another state Medicaid agency or Medicare as long as certain requirements are met (NPI, SSN/EIN/TIN, OIG Exclusion Screen, Licensure in at least one state);
2. Suspend prior authorization and medical necessity requirements and extend pre-existing prior authorizations;
3. Extends timeline for fair hearing appeals processes.

State Actions

The state has taken a series of actions to respond to the crisis using its new and existing authority (<https://dss.mo.gov/mhd/providers/pages/provtips.htm>). Missouri is:

1. Allowing physicians to see new patients in addition to existing patients through telehealth.
2. Waiving the patient co-payment for any service provided through telehealth.
3. Allowing quarantined providers or those working from alternate sites to bill for telehealth billed as distant site services using the physician's or clinic's provider number.
4. Allowing telehealth providers licensed in other states to provide services as long as they are licensed in the state in which they practice.

In relation to telehealth, Missouri HealthNet clarified the following:

1. Any licensed health care provider, enrolled as a MO HealthNet provider, may provide telehealth services if the services are within the scope of practice for which the health care provider is licensed. The services must be provided with the same standard of care as services provided in person.
2. Telehealth services may be provided to a MHD participant, while at home, using their telephone. The originating site facility fee cannot be billed to MO HealthNet when the originating site is the participant's home.

This resource was developed in collaboration with the Center for Connected Health Policy (CCHP), and was made possible by a grant from the Office for the Advancement of Telehealth, HRSA, DHHS

3. There is not a separate telehealth fee schedule. Reimbursement to health care providers delivering the medical service at the distant site is equal to the current fee schedule amount for the service provided.
4. Hospitals may bill a facility fee for distant site services provided in their facilities; Rural health clinics may use either their RHC or non-RHC provider number when operating as a distant site.

Teledentistry

Missouri is encouraging the use of teledentistry and confirmed on March 20th that any licensed dental provider enrolled as a MOHealthNet provider may provide these services as long as they are within the scope of practice for their profession. These services may be provided to an individual in their home using their telephone, but the originating site fee should not be billed when the service is provided in the home.

Relevant approved codes are: D9995 and D9996. Waivers related to teledentistry include:

- The ability to see new patients without an established relationship with the provider.
- Waived co-payments for services provided through teledentistry.
- Allowing quarantined providers to provide these services from their homes using the clinic's provider number.
- Allowing providers who are not licensed in the state of Missouri as long as the teledental provider is licensed in the state where they practice.

E-Prescribing

On March 19, Missouri HealthNet confirmed that e-prescribing is allowed for all schedules if in compliance with BNDD/DEA requirements (See Related Federal Policy Changes in document outlining federal policy in response to COVID-19). Missouri HealthNet confirmed that requirements of telephoned controlled substance prescriptions are under the purview of BNDD/DEA Requirements and not under the authority of MO HealthNet.

Provider Enrollment

On March 18, MO HealthNet began expediting enrollment processing into the MO HealthNet program with same-day or overnight approvals of most provider enrollments for licensed practitioners. **Please note that MO HealthNet is also allowing telehealth providers licensed in other states to provide services as long as they are licensed in the state in which they practice.**

Behavioral Health

During the COVID-19 Emergency, MO HealthNet is allowing all telehealth services to be provided to an individual at home using their telephone. There is not a separate telehealth fee schedule, and reimbursement for behavioral health services at a distant site is the same as the current fee schedule amount for the service provided.

Well-Child Visits

Effective March 1, 2020, MHD will allow providers to bill and receive reimbursement for EPSDT services including well-child visits via telehealth (this includes visits over the telephone) during the COVID-19 crisis. Providers should continue to use appropriate modifiers. POS 02 should be included on all telehealth claims.

Patients enrolled in MO HealthNet also enrolled in Medicare or Private Insurance

MO HealthNet has recently increased flexibilities related to telehealth due to the public health emergency. In some cases, MO HealthNet policies may not align with other payers' policies. On April 7,

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HealthNet clarified that providers should continue to follow the regular billing process for participants who have a primary payer such as Medicare or another commercial insurance carrier. Providers should continue to submit claims to the participant's primary payer before submitting any claims to MO HealthNet.

Personal Care Program Services

On April 17, 2020, Missouri released guidance summarizing flexibilities available for State Plan Personal Care services. For more details regarding services authorized by Department of Health and Senior Services (DHSS), Division of Senior and Disability Services, please reference the [DHSS/DSDS website](#); for questions regarding processes and services authorized by the DHSS/Division of Community and Public Health (DCPH)/Special Health Care Needs (SHCN), contact the appropriate [Regional Office](#); and for questions regarding processes and services authorized by the [DCPH/Bureau of HIV, STD and Hepatitis](#).

The guidance includes: plan of care tasks; health and welfare checks; eligible caregivers; personal care and advanced personal care aides; graduate nurses; training; oversight/evaluation; family care safety registry; advanced personal care evaluation; in-home medication set up; authorized nursing visits; and provider operations.

Home Health

On April 17, 2020, MO HealthNet also made the changes for the Home Health Program related to: Plans of Care and Certifying/Recertifying Patient Eligibility; Initial Assessments; Onsite Visits for HHA Aide Supervision; and Occupational Therapists.

Updated May 12, 2020

Copayment

On March 6, MO HealthNet indicated that effective with dates of service on or after January 1, 2020 and through the end of the public health emergency MO HealthNet is waiving the co-payment for ALL services. MO Healthnet will process a mass adjustment to remove the co-pay for claims with dates of service on or after January 1, 2020.

In addition, MHD is waiving all pharmacy copays, including the shared dispensing fee for pharmacy services, for the duration of the COVID-19 pandemic effective immediately. MHD has contacted the pharmacy switch vendors to modify the copay requirements. Until these changes are made pharmacies will need to manually waive copays.

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DME-Signature Requirements

On May 11, MO HealthNet indicated that when DME is delivered to the participant's home.. During this event, MO HealthNet will temporarily waive the requirement for the signature of the participant or their designee. During this event, the DME provider can document to whom the equipment was delivered. If the equipment is delivered to anyone other than the participant, document their name and relationship to the participant.

In addition, during this event, the MHD will allow DME prescriptions to be accepted by telephone from the MHD enrolled ordering/prescribing physician or staff member. You must provide the full name and NPI of the physician. If the caller is someone other than the physician, you must provide the name and role of the person calling as well as the full name and NPI of the physician.

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Due to the COVID-19 outbreak MO HealthNet has also temporarily waived the original signature requirement on the Certificate of Medical Necessity Form. For field 7, the physician's order, written, electronically or by telephone, will be accepted in place of the written signature. This information should be entered in Field 7 by the DME provider. For Field 14, MO HealthNet will accept a typed signature by the DME provider. It does not have to be an original signature or e-signature. A notification will be sent out reinstating the original requirement at a later date. Please note, the physician's signature on a Prior Authorization will continue to be required.