Rules of
Department of Social Services
Division 70—MO HealthNet Division
Chapter 3—Conditions of Provider Participation, Reimbursement and Procedure of General Applicability

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ancillary procedures and services prior to provision of the procedure or service as a condition of reimbursement. This rule shall only apply to those diagnostic and ancillary procedures or services that are listed in the provider manuals, provider bulletins, or clinical edits criteria which are incorporated by reference and made a part of this rule. The medical pre-certification process serves as a utilization management tool, allowing payment for services that are medically necessary, appropriate, and cost-effective without compromising the quality of care provided to MO HealthNet participants.

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Providers are required to seek pre-certification for certain specified services listed in the provider manuals, provider bulletins, or clinical edits criteria before delivery of the services. This rule shall apply to diagnostic and ancillary procedures and services listed in the provider manuals, provider bulletins, or clinical edits criteria when ordered by a healthcare provider unless provided in an inpatient hospital or emergency room setting. This pre-certification process shall not include primary services performed directly by the provider. In addition to services and procedures that are available through the traditional medical assistance program, expanded services are available to children twenty (20) years of age and under through the Healthy Children and Youth (HCY) Program. Some expanded services also require pre-certification. Certain services require pre-certification only when provided in a specific place or when they exceed certain limits. These limitations are explained in detail in subsections 13(3) and 14(4) of the applicable provider manuals, provider bulletins, or clinical edits criteria, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at www.dss.mo.gov/mhd, April 1, 2009. The rule does not incorporate any subsequent amendments or additions. This rule shall only apply to those diagnostic and ancillary procedures or services that are listed in the provider manuals, provider bulletins, or clinical edits criteria which are incorporated by reference and made a part of this rule.

(2) All requests for pre-certification must be initiated by an enrolled medical assistance provider and approved by the MO HealthNet Division. A covered service for which pre-certification is requested must meet medical criteria established by the MO HealthNet Division’s medical consultants or medical advisory groups in order to be approved.

(3) An approved pre-certification request does not guarantee payment. The provider must be enrolled and verify participant eligibility on the date of service.

(4) Approved services/procedures must be initiated within six (6) months of the date the pre-certification approval is issued. Services/procedures initiated after the six (6)-month approval period will be void and payment denied.

(5) The pre-certification for a specific service is time and patient status and/or diagnosis sensitive. A denial at any given time shall not prejudice or impact the decision to grant a future request for the same or similar service.

(6) Pre-certifications for exactly the same service may be granted to allow provision over an extended period of time and may be granted for a term of not more than one (1) year.

(7) If a pre-certification request is denied, the medical assistance participant will receive a letter which outlines the reason for the denial and the procedure for appeal. The MO HealthNet participant must contact the Participant Services Unit within ninety (90) days of the date of the denial letter if they wish to request a hearing. After ninety (90) days a request to appeal the pre-certification decision is denied.


13 CSR 70-3.190 Telehealth Services

PURPOSE: This rule establishes coverage of the Telehealth spoke site facility fee and to define services considered appropriate for this form of interactive technology from a hub site to a participant at a spoke site.

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration.
(A) This rule is established pursuant to the authority granted to the Missouri Department of Social Services, MO HealthNet Division, to promulgate rules governing the practice of Telehealth in the MO HealthNet Program.

(B) Definitions.
1. Community Mental Health Center (CMHC) means a legal entity through which comprehensive mental health services are provided to individuals residing in a certain service area.

2. Consultation means a type of evaluation and management service as defined by the most recent edition of the Current Procedural Terminology published annually by the American Medical Association.

3. Consulting provider means a provider who evaluates the patient and appropriate medical data or images through a Telehealth mode of delivery, upon recommendation of the referring provider.

4. Comprehensive Substance Treatment and Rehabilitation (CSTAR) means a MO HealthNet qualified and enrolled outpatient substance abuse treatment program. Coverage is targeted to MO HealthNet-eligible participants who are assessed as requiring substance abuse treatment.

5. Department means the Department of Social Services.

6. Distant site means a Telehealth service which is delivered to a participant from a site to a participant at a spoke site.

7. Division means the MO HealthNet Division, within the Department of Social Services.

8. GT modifier means a modifier that identifies a Telehealth service which is approved by the Healthcare Common Procedure Coding System (HCPCS).

9. Health care provider means a:
   A. Missouri licensed physician;
B. Missouri licensed advanced registered nurse practitioner;
C. Missouri licensed dentist or oral surgeon;
D. Missouri licensed psychologist or provisional licensee;
E. Missouri licensed pharmacist; or
F. Missouri licensed speech, occupational, or physical therapist.

10. MTN means the Missouri Telehealth Network.

11. Originating site means a Telehealth site where the MO HealthNet participant receiving the Telehealth service is located for the encounter. The originating site must ensure immediate availability of clinical staff during a Telehealth encounter in the event a participant requires assistance. An originating site must be one (1) of the following locations:
   A. Office of a physician or health care provider;
   B. Hospital;
   C. Critical access hospital;
   D. Rural health clinic;
   E. Federally Qualified Health Center;
   F. Nursing home;
   G. Dialysis center;
   H. Missouri state habilitation center or regional office;
   I. Community mental health center;
   J. Missouri state mental health facility;
   K. Missouri state facility;
   L. Missouri residential treatment facility—licensed by and under contract with the Children’s Division (CD) and has a contract with the CD. Facilities must have multiple campuses and have the ability to adhere to technology requirements addressed in this rule. Only Missouri licensed psychiatrists, licensed psychologists or provisionally licensed psychologists, and advanced registered nurse practitioners who are enrolled MO HealthNet providers may be consulting providers at these locations; or
   M. Comprehensive Substance Treatment and Rehabilitation (CSTAR) program.

12. Participant means an individual eligible for medical assistance benefits on behalf of needy persons through MO HealthNet, under section 208.151, RSMo. (A) A health care provider utilizing Telehealth at either a distant site or an originating site shall be enrolled as a MO HealthNet provider pursuant to 13 CSR 70-3.020 and licensed for practice in Missouri. A health care provider utilizing Telehealth must do so in a manner that is consistent with the provisions of all laws governing the practice of the provider’s profession.

13. Presenting provider means a provider who:
   A. Introduces a patient to a consulting provider for examination, observation, or consideration of medical information; and
   B. May assist in the Telehealth encounter.

14. Telepresenter means a person who is an employee of the originating site and is with the participant during the time of the encounter who aids in the examination by following the orders of the consulting clinician, including the manipulation of cameras and appropriate placement of other peripheral devices used to conduct the patient examination.

15. Referring provider means a provider who evaluates a patient, determines the need for a consultation, and arranges the services of a consulting provider for the purpose of diagnosis or treatment.

16. Telehealth means the use of medical information exchanged from one (1) site to another via electronic communications to improve the health status of a patient. Telehealth means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment using the transfer of medical data, audio visual, or data communications that are performed over two (2) or more locations between providers who are physically separated from the patient or from each other.

17. Telehealth service means a medical service provided through advanced telecommunications technology from a distant site to a participant at an originating site.

18. Two (2)-way interactive video means a type of advanced telecommunications technology that permits a real time service to take place between a participant and a presenting provider or a Telepresenter at the originating site and a health care provider at the distant site.

   (A) A Telehealth service shall be covered only if it is medically necessary.
   (B) A Telehealth service shall require use of two (2)-way interactive video and shall not include store and forward services. The participant must be able to see and interact with the off-site provider at the time services are provided via Telehealth.

(C) The distant site is the location where the physician or practitioner is physically located at the time of the Telehealth service. Coverage of services rendered through Telehealth at the distant site is limited to:
   1. Consultations made to confirm a diagnosis; or
   2. Evaluation and management services; or
   3. A diagnosis, therapeutic, or interpretive service; or
   4. Individual psychiatric or substance abuse assessment diagnostic interview examinations; or
   5. Individual psychotherapy; or
   6. Pharmacologic management.
   (D) The participant must be present for the encounter.

20. Eligible Providers.
   (A) A health care provider utilizing Telehealth at either a distant site or an originating site shall be enrolled as a MO HealthNet provider pursuant to 13 CSR 70-3.020 and licensed for practice in Missouri. A health care provider utilizing Telehealth must do so in a manner that is consistent with the provisions of all laws governing the practice of the provider’s profession.

   (B) A provider agrees to conform to MO HealthNet program policies and instructions as specified in the provider manuals and bulletins, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website www.dss.mo.gov/mhd, April 1, 2009. This rule does not incorporate any subsequent amendments or additions.

21. Prior Authorization and Utilization Review. All services are subject to utilization review for medical necessity and program compliance. Reviews can be performed before services are furnished, before payment is made, or after payment is made.

(A) Prior Authorization. Certain procedures or services can require prior authorization from the MO HealthNet Division or its authorized agents. Services for which prior authorization was obtained remain subject to utilization review at any point in the payment process. A service provided through Telehealth is subject to the same prior authorization and utilization review requirement which exist for the service when not provided through Telehealth.

(B) Eligibility Determination. Prior authorization of services does not guarantee an individual is eligible for a MO HealthNet service. Providers must verify that an individual is eligible for a specific program at the time services are furnished and must determine if the participant has other health insurance.

22. Reimbursement.
   (A) Reimbursement to the health care provider delivering the medical service at the distant site is made at the same amount as the current fee schedule for the service provided without the use of a telecommunication system.

   (B) The claim for service will use the appropriate procedure code for the covered services addressed in (2)(C) and the GT modifier indicating interactive communication was used.

   (C) The originating site is eligible to receive a facility fee. Facility fees are not payable to the distant site.
(D) Services provided by practitioners must be within their scope(s) of practice and according to MO HealthNet policy.

(E) Reimbursement for services furnished by interns or residents in hospitals with approved teaching program or services furnished in other hospitals that participate in teaching programs is made through institutional reimbursement. The division cannot be billed directly by interns or residents for Telehealth services.

(6) Documentation for the Encounter. Patient records at the distant and originating sites are to document the Telehealth encounter consistent with the service documentation described in MO HealthNet provider manuals and bulletins.

(A) A request for a Telehealth service from a referring provider and the medical necessity for the Telehealth service shall be documented in the participant’s medical record.

(B) A health care provider shall keep a complete medical record of a Telehealth service provided to a participant and follow applicable state and federal statutes and regulations for medical record keeping and confidentiality in accordance with 13 CSR 70-3.030 and 13 CSR 70-98.015.

(C) Documentation of a Telehealth service by the health care provider shall be included in the participant’s medical record maintained at the participant’s location and shall include:

1. The diagnosis and treatment plan resulting from the Telehealth service and progress note by the health care provider;
2. The location of the distant site and originating site;
3. A copy of the signed informed consent form; and
4. Documentation supporting the medical necessity of the Telehealth service.

(7) Confidentiality and Data Integrity. All Telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended, and all other applicable state and federal laws and regulations.

(A) A Telehealth service shall be performed on a private, dedicated telecommunications line approved through the Missouri Telehealth Network (MTN). The telecommunications line must be secure and utilize a method of encryption adequate to protect the confidentiality and integrity of the Telehealth service information. The Missouri Telehealth Network must also approve the equipment that will be used in Telehealth service.

(B) Both a distant site and an originating site shall use authentication and identification to ensure the confidentiality of a Telehealth service.

(C) A provider of a Telehealth service shall implement confidentiality protocols that include:

1. Identifying personnel who have access to a Telehealth transmission; and
2. Preventing unauthorized access to a Telehealth transmission.

(D) A provider’s protocols and guidelines shall be available for inspection by the department upon request.

(8) Informed Consent.

(A) Before providing a Telehealth service to a participant, a health care provider shall document written informed consent from the participant or the participant’s legal guardian and shall ensure that the following written information is provided to the participant in a format and manner that the participant is able to understand:

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

(B) A copy of the signed informed consent shall be retained in the participant’s medical record and provided to the participant or the participant’s legally authorized representative upon request.

(C) The requirement to obtain informed consent before providing a service shall not apply to an emergency situation if the participant is unable to provide informed consent and the participant’s legally authorized representative is unavailable.

AUTHORITY: section 208.201, RSMo Supp.