Missouri Telemedicine Reimbursement/Insurance Guide

Common Terms

Term	Definition
Distant Site (Provider Site)	The location where the health care provider is when he/she gives health care through telemedicine.
Originating Site (Patient Site)	The location of the beneficiary at the time the health care service is provided via telemedicine system.
MO HealthNet	Missouri's Medicaid program
Federally Qualified Health Centers (FQHCs)	Major source of primary care for underserved areas in Missouri. It is common for FQHCs to utilize telemedicine systems.
Store and forward transfer	Transferring health records from an originating site to the provider at a distant site.

Frequently Asked Questions

Question	Solution
What telemedicine services will insurance companies reimburse for?	As required by Missouri law, coverage for telehealth services must be covered by private payers, state employee health plans, and MO HealthNet (state Medicaid program) the same way they would cover necessary, in-person services.
Does Medicare reimburse for telemedicine services?	Yes, Medicare will reimburse for telemedicine services if the patient is in one of the following locations: ● A county outside a metropolitan statistical area ● A rural health professional shortage area

Does Missouri Medicaid reimburse for services from all providers?	In order to be reimbursed for telemedicine visits under Missouri Medicaid, providers must be one of the following: ● Physicians, assistant physicians, and physician assistants ● Advanced practice registered nurses ● Dentists, oral surgeons, and dental hygienists under the supervision of a currently registered and licensed dentist ● Psychologists and provisional licensees ● Pharmacists ● Speech, occupational, or physical therapists ● Clinical social workers ● Podiatrists ● Optometrists ● Licensed professional counselors ● Eligible health care providers under subdivisions (1) to (10) practicing in a rural health clinic, federally qualified health center, or community mental health center.
Does every health care provider automatically qualify to be reimbursed for providing telemedicine services?	In order to legally provide telemedicine services and be reimbursed for such services, the health care provider must be enrolled as a MO HealthNet provider.
Are reimbursement rates the same between in-person and telemedicine services?	Private payer and Missouri HealthNet reimbursement rates are the same for in-person and virtual services.
How much is the originating site reimbursed for?	The originating site can bill for a set telemedicine site fee, but not for the service provided via telemedicine system. *Not all private insurance companies cover fees for the originating site.
How much is the distant site reimbursed for?	The distant site will be reimbursed the same amount as the face-to-face service.
Is store-and-forward transfer of medical records legal in Missouri?	Yes, store-and-forward transfer is now allowed by MO HealthNet.

Will you be reimbursed if you contract a telemedicine service outside of Missouri?	Yes, as long as the provider is enrolled with MO HealthNet and has a Missouri license.

Billing Assistance

Service	Code
Telemedicine facility fee charged by the originating site	Q3014
Medical service provided from the distant site	Appropriate CPT code for the service plus "GT" modifier to signify telemedicine claim
For specific service codes, use the Centers for Medicare & Medicaid Services document provided:	[Centers for Medicare & Medicaid Services](#)

ICD-10 Diagnosis and Procedure Codes

Question	Answer
What is an ICD-10 code?	These codes are a 3 to 7 character, alphanumeric code. Each code begins with a letter, followed by two numbers. (For example, A15-A19 represent different tuberculosis diagnosis; A15 is respiratory tuberculosis)
Why are ICD-10 codes used?	Under the Health Insurance Portability and Accountability Act (HIPAA), ICD-10 codes are used for diagnostic purposes. They can be used to track statistics/disease burden, quality outcomes, mortality statistics, and billing (American Academy of Pediatrics). They are also used so patients receive proper treatment and are billed correctly for the services provided.
Where are ICD-10 codes used?	ICD-10 codes are included in any kind of patient paperwork (hospital records, medical charts, billing, etc).

How do I know what code to use?	As of 2021, there are over 70,000 ICD-10 procedure codes and over 69,000 ICD-10 diagnosis codes.
	To locate any diagnosis or procedure codes, as well as other ICD-10 resources, go to ICD-10 Resources