

Change in Independent Rural Health Clinic Billing Requirements Effective October 1, 2019

Effective October 1, 2019, Missouri Care will require that Independent Rural Health Clinic (IRHC) claims include details of the services provided during the clinic visit to be reimbursed.

To comply with MO HealthNet billing guidelines, IRHCs must continue to bill a claim line with T1015 entered in the HCPCS/CPT code field along with the appropriate revenue code (521 or 900) billed in the Revenue Code field. However, these generic codes do not provide the information we need to identify the services provided to our members to help them stay healthy. So to address this critical information gap, Missouri Care will require that each IRHC claim include at least one additional claim line to detail the services provided during that visit. This additional information is needed to accurately:

- Measure HEDIS® performance for IRHC services provided to our members
- Ensure the PCP receives credit for the service provided as part of our P4Q (Pay-for-Quality) program
- Reflect open care gaps

The additional service-specific information will also help the filing of secondary claims to Missouri Care. The non-generic CPT codes will align with the primary insurance remittance information.

Please bill a charge amount on the added UB line(s) – even if it is \$0.01. We will not reimburse any additional amount above the clinic visit rate regardless of the amount billed on the added UB line. Only the line with the T1015 code will be reimbursed.

Claim lines with a code other than T1015 will generate a denial reason of INCLU – Included in Treatment Rate. You can configure your system to recognize this code as a “write off” rather than a denial so it does not create insurance follow-up cases.

Here is an example of a claim billed with the required T1015 line and an additional line that provides information on the service provided during the visit:

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED
1	521	T1015 EP	04/27/18	1	20.00	
2	521	99391	04/27/18	1	20.00	

Effective with dates of service from October 1, 2019 forward – IRHC claims with only the T1015 line will be denied. To address these denials, you would need to submit a corrected claim that includes at least one additional line with the services provided in order for the claim to be reprocessed.

If you have any questions about the requirement changes, please contact your Provider Relations representative.

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