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Important Change Regarding Independent Rural Health Clinics - Billing Requirement

Home State Health requires all CPT/HCPCS codes for IRHC services to be submitted in field 44 in addition to T1015. This does not apply to provider based rural health clinics (PBRHCs).


We need to ensure that IRHC claim coding documents all actual services provided. The T1015 code alone does not provide this needed specificity. These changes allow EPSDT and other critical services to be properly identified and monitored and removes the need for subsequent medical records requests.

Independent Rural Health Clinics (IRHCs) must also comply with MO HealthNet billing guidelines for services provided under agreements with Home State Health. Those billing guidelines include:

IRHCs

- Claims must be submitted on a UB-04
- Revenue code in field #42 must be 0521
- Type of Bill in field #4 must be 71X
- HCPCS/CPT code(s) for services provided must be listed in field #44 in addition to HCPC code T1015
- **Each HCPCS/CPT code submitted requires a dollar amount (charge amount or .01). Claims with a zero dollar amount or .00 are not acceptable.**
- EPSDT/HCY Exam-EP modifier should ONLY be billed with a full or partial EPSDT Screening code.
 - HCPC procedure code T1015EP must be submitted in field #44 when submitting
 - The 5-digit EPSDT/HCY screening code must be shown in Field #44 as well.
 - One of the following codes must be shown as the primary diagnosis in Field #67: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00 or Z00.01

For additional billing guidelines please refer to the MO HealthNet Rural Health Clinic Provider Manual at <http://dss.mo.gov/mhd/providers/>. Compliance with regulatory requirements will ensure appropriate reimbursement under the state requirements.

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