MEDICAL RECORD REQUESTS AND FEES

The Program will consider paying the charges to obtain a copy of a participant’s medical record, when the provider who has the information is not a SHCN approved provider. The Program will not pay the charges to obtain a copy of a participant’s medical record when the individual/facility who has the needed information is a SHCN approved provider.

It is customary for health care providers to waive fees for state agencies when the purpose of the review is to conduct state business and carry out state statutes as found in 19 CSR 40-1 Crippled Children’s Service (CCS). Because the services are provided through a contractual agreement with the LPHA’s, the request for reimbursement will be processed at the current rate posted at: http://health.mo.gov/atoz/fees.php.

The Service Coordinator should attach a copy of the Fees for Medical Records form to each request for medical records. The form instructs the health care provider where to mail the records and who to bill for the records. The sheet must be individualized to reflect the Service Coordinator’s name and address.

Providers that bill SHCN must itemize the handling and per page fees for medical records in order to have their invoices accepted and processed. Invoices billed to the contracted agencies will not be accepted.

Invoices received at the LPHA should be sent to SHCN immediately.