Telemedicine Covid-19 Policy FAQs

Speech, Physical & Occupational Therapy

Q. Are codes 92507 and 92526 covered under place of service 02 for speech therapy services?

A. Codes 92507 and 92526 are not included in the recent policy for coverage in the member's home. Please reference the original telemedicine rules, that indicates these codes can only be performed when a member is at an originating site via tele-video. Please Bulletin 20120

Q. KDADS indicate physical therapy, speech therapy, and occupational therapy is to be allowed under telemedicine.

A. PT/OT/ST under the brain injury waiver is allowed under the current Covid-19 exceptions. For PT/OT/ST for non-waiver members is limited to a specific list of codes can be found on the KMAP website in Bulletin 20073.These are the only PT/OT/ST codes that can be provided to a member while they are receiving services in their home

Q. Are physical therapists allowed to provide telehealth services and bill, as the rendering provider? If not, can a supervising physician bill PTs services provided by the therapist?

A. It is not appropriate to bill services rendered by a PT under the supervising physician.

Q. For place of service- how would you indicate telemedicine when billing on a UB for telemedicine for PT, SLP? Just use a modifier?

A. None of the telemedicine codes noted in the Kansas policy would be billable or payable on a UB.

Q. The UHC website states PT/OT is covered by telehealth

A. That is guidance from UHC national. Kansas is bound to follow state guidance so that does not apply to KanCare.

Evaluation and Management

Q. Do we have add-on code for 99213 if the service is 30+ minutes?

A. No, 99213 is to be used if the member is provided service 30 minutes or more.

Q. What codes are we to use for Phone only E/M visits?

A. The 6 E/M codes that have been published are the only codes to be billed with the member are at home and services are being provided either telephonically or tele-video.

Q. Is code 99215 still covered under place of service 02

A. The 6 E/M codes that have been published are the only codes to be billed with the member are at home and services are being provided either telephonically or tele-video. Codes that are on the approved telemedicine code list that are not called out specifically as allowed when member is at home can only be used following the original telemedicine rules.

Q. Will the State of Kansas be following CMS E/M 2021 guidelines for E/M Code assignment for the 6 codes allowed for telemedicine?

A. 8 E/M codes covered are now covered.

Q. In the presentation today the E/M codes for telephone services only would be 99201, 99202, 99203, 99211,99212, 99213. I understand that part but if we have a Telehealth video/audio visit when patient is at home and provider is in office can we bill the 99204, 99205, 99214, 99215 in addition to those codes as these are on the list for covered telehealth codes before COVID-19?

A. No, that is not accurate. The only E/M codes that can be billed when the member is receiving their service in the home are 99201-99204 and 99211 – 99214. Codes 99205 and 99215 cannot be billed when the patient at home.

Q. Is modifier required for E/M telemedicine visits?

A. No, modifiers are not required

Q. If an E/M service is provided for a member who is 18 or under, does the child have to be present or can the parent only participate

A. If the child is able to participate in the telephonic visit, they need to. If the child is unable to participate in the telephonic visit, the parent is allowed to have the conversation.

Q. Can E/M code 99214 be used for telemedicine?

A. Yes, 99214 is on the list of approved E/M codes.

Q. So when billing just telephone encounters, we still just use the E/M codes? Even through BH services?

A. Telephone services or tele-video. If there is a specific method it will be listed on the policy. BH services have several specific codes approved for both types of telemedicine visits, the provider needs to select the most appropriate code for service billed.

Q. I missed some of the beginning - is the requirement audio/video to bill E/M codes. Telephone only are separate codes. Is this still the same? I am sorry I am confused by the "telephonic" telemedicine.

A. Telephone services or tele-video. If there is a specific method required it will be listed on the policy.

Q. Telephone only—E/M. Would we use the "02" place of service.
A. Yes, all telemedicine services are billed with POS 02.

Q. What modifier to use for this and do we use the regular E/M codes --99201 thru 99215 for phone only --for telephone only visits.

A. Only the 8 E/M (99201-99204, 99211-99214) codes noted in the slides can be used when the member is receiving services in their home. The other E/M codes noted in the original telemedicine policy are still subject to the original KS rules and the member must be at an originating site.

Q. General surgeon specialists--does this apply for any medical necessary diagnosis? We see a lot of non-urgent matters. I guess the question is does it need to be urgent medical needs to use telemedicine?

A. No, if they would see the member in the office to provide the service they can provide the service via telemedicine using one of the 8 E/M codes.

Consent

Q. For the verbal consent, with written consent later, is that for all visits or just mental health?

A. The consent is for all telemedicine visits.

Q. How much of a time frame would we have to get a written consent form from a telemedicine patient, even though we have the verbal consent on file?

A. This has not been determined but should be obtained as soon as feasible to meet this requirement.

Q. Do you all require patients to sign a general consent (the one regarding payment, etc.) and for the providers to obtain verbal consent regarding the platform being used? Or is just a verbal consent okay for now?

A. For telemedicine you are to document a verbal consent. At a later time you will need to get a written consent.

Q. Would a two-signature verbal consent take the place of a written consent?

A. The state policy indicates verbal consent is acceptable now, but written member consent will be required at a later date.

Q. On KMAP bulletin it stated that patients need to give verbal permission followed up by written authorization. What type of authorization is this?

A. Member or legal guardian/DPOA can provide verbal permission. There is no specific form for obtaining written permission from the member

RHC/FQHC

Q. Are we supposed to use POS 02 for RHCs also?

A. Yes, all distant site services are to be billed with place of service 02.

Q. Am I correct in saying if its telemedicine, telephonic, tele-video services by approved medical provider we would use one of the 6 approved codes for FQHC.

A. The 8 E/M codes that have been published are the only codes to be billed with the member are at home and services are being provided either telephonically or tele-video. Codes that are on the approved telemedicine code list that are not called out specifically as allowed when member is at home can only be used following the original telemedicine rules

Q. How will the MCO's know to pay the RHC/FQHC encounter rate when billing POS 02

A. POS 02 is an allowed place of service code for RHC/FQHC providers when billing procedure codes outline in the KMAP telemedicine code list. Services being billed in a Place of Service 02 using a TIN/NPI for an approved RHC/FQHC clinic by a qualified provider will be paid at the encounter rate.

Q. What POS code is used when RHC/FQHC providers are doing telemedicine services?

A. The POS is always 02 when provide telemedicine services

Q. Do we Bill on a 1500 or UB for RHC Clinics?

A. RHC would need to bill on a 1500

Q. If a patient attends a telemedicine visit at an FQHC while the physician is at his home who should the billing provider be?

A. If the member and the provider are not in the same physical location the visit would be billed as a telemedicine visit with the POS 02 using one of the allowed telemedicine codes. When a member is at an originating site (as described in the question) the Q code could also be billed by the facility hosting the member in the originating site.

Q. If a patient attends a telemedicine visit at an FQHC while the physician is at his home who should the billing provider be for the originating site?

A. The originating site code is billed by the provider hosting and assisting the member.

Q. Do you cover the G0071 telephone only services (FQHC)?

A. G0071 is not a payable code under the Medicaid plan.

Mental Health

Q. Is there a specific modifier required for mental health codes?

A. There is no modifier required to indicate these service is being provided via telemedicine. Provider would still be required to bill any necessary modifiers for correct coverage and payment.

Q. Procedure code 90792 is noted in the most recent Mental Health Telemedicine policy, but code 90791 is not. Is this accurate?

A. At this time code 90791 was not noted in the State policy as allowed when the member is at home or telephonically only. The state has indicated this code is being considered at this time.

Q. Is 90837 still applicable to mental health

A. Yes, this is listed on the approved code list for telemedicine.

Q. Can CMHC providers function as a distant site for Hospitals and Jails all of the time, or is it specific to this time period?

A. At this time this is specific to the current health crisis.

Q. Is 90791 still allowed via teletherapy?

A. Yes, this code was added in a supplemental policy and bulletin 20065 has been published.

Modifiers

Q. Do we need to be using the GT modifier for tele visits?

A. No, GT modifier is informational only and is not required.

Q. CMS released interim rule on 3/30/2020 not to us POS 02 for telehealth claims. Use the place of service that would have been used if the patient had been seen face to face and using modifier 95 on the claim. That's not correct anymore?

A. Providers are to follow the guidance published by the State of Kansas that indicates place of service 02. Modifier 95 is informational and will not impact the claim result.

Q. Will claim deny if a GT modifier is used?

A. The GT modifier is informational and will not result in a claim denial.

Q. What will happen when Medicare claims with place of service 11 and modifier be transferred to MCO s for secondary coverage?
A. Claims will need to be billed in line with the requirements for the primary payer. Then secondary claims will crossover to Medicaid and as long as the procedure code, place of service and modifier are allowed by the State of Kansas the claims should process.

Place of Service

Q. Do we need to use the 02 POS for the Q3014 code if applicable?

A. If the member is being hosted at an originating site, and then the Q3014 would need to be billed with the appropriate place of service. The 02 POS is only used by the provider billing for the distant site services.

Q. Provider was told to use a place of service other than 02. Does the provider need to go back and re-bill using place of service as 02?

A. Yes, providers will need to re-bill with the correct POS 02 to receive payment. Providers do not have to rebill if the claim is a Medicare cross-over.

Q. The United Healthcare COVID 19 coding guide states POS 11 and modifier 95. So to be clear, on Kansas United Medicaid we're to use POS 02 and no modifier needed on telemedicine?

A. Correct, for Kansas Medicaid all MCO's have to follow State guidelines to place of service and modifier usage.

Q. What place of service (POS) code is used when billing telemedicine services?

A. The POS is always 02

Primary Insurance – TPL/Medicare

Q. What about secondary claims to Medicaid - we have to follow primary billing rules, how do we forward claim if different place of service or modifiers?

A. Claims will need to be billed in line with the requirements for the primary payer. Then secondary claims will crossover to Medicaid and as long as the procedure code, place of service and modifier are allowed by the State of Kansas the claims should process.

Q. If a member primary payer is requiring telemedicine visits be billed differently than Medicaid, will we be paid secondary?

A. Provides always need to follow the rules of the primary payer. Secondary claims will need to be billed in line with Medicaid rules.

Q. So no claims will pay after cross over electronically?
A. Claims will continue to crossover as they do today. Secondary claims will crossover to Medicaid and as long as the procedure code, place of service and modifier are allowed by the State of Kansas the claims should process.

Waiver Services

Q. Provider noticed that S5190 for Frail and Elderly can use telephonic or tele-video but IDD is only tele-video. Why the difference?

A. Provider was directed to pose the question to Amy Penrod with KDADS.

Non-Covered

Q. Does any MCO allow the G2023?

A. No, this is not a covered code for Kansas Medicaid

Q. When can codes 99421-99423 codes be used for telehealth?

A. Codes are only covered for QMB members. These codes are not on the list the state has published as allowed codes via KanCare telemedicine. This means these codes are not to be used and would not be payable for telemedicine visits.

Q. Can a hospital bill anything when they are acting as the originating site?

A. No, not per current KMAP policy

Q. So billing 99441-99443 for the non face-to-face is not covered through KMAP?

A. These codes are not on the list the state has published as allowed codes via KanCare telemedicine. This means these codes are not to be used and would not be payable for telemedicine visits.

Misc.

Q. There are several codes listed in the KMAP General Benefit manual section 2720 noting they are allowed via telemedicine, is it correct that only the codes outlined in this training deck are allowed to be provided to members while they are in their home?

A. Correct, the training deck outlines codes the State of Kansas has made an exception and is allowing members to receive that service in the home. Codes that are not specifically called out as being allowed in the home continue to have the original telemedicine rules apply. https://www.kmap-state-ks.us/Documents/Content/Provider/COVID%2019%20.pdf

Q. When can Q3014 be billed?

A. This code can only be billed when a member is being hosted at an originating site facility. Member receiving service in their home would not have a Q3014 claim billed with POS 12 (home)

Q. Do telehealth visits have to be recorded?

A. No, there is no mention in any of the State documents indicating these telemedicine visits need to be recorded.

Q. Can mid-level practioners perform telemedicine visits?

A. Yes, if they are allowed to provide the service in an office setting, they would be allowed to provider via telemedicine in line with State policy guidelines.

Q. What are allowed applications or tools for providing tele-video conferencing?

A. Official KMAP policy indicates that HIPPA compliant platforms need to be utilized.

Q. Do we need to do anything on the credentialing/enrollment side for providers/facilities?

A. There is no additional credentialing or enrollment necessary to provide telemedicine services.

Q. I may have missed it, but are these slides available on KMAP? Or will they be made available after the webinar?
A. The presentation slides will be made available on KMAP under Provider Training Materials.

Q. How do we proceed if a physician is not credentialed with Kansas Medicaid? Not all of the MCO's recognize the credentialing on the date that it was processed with KMAP will this be waived?

A. If a provider plans to be a FFS (Fee For Service) KMAP or MCO participating (in-network) provider they must enroll and be screened through KMAPs enrollment system. If the provider will not be participating (out-of-network) with the MCO, the provider must follow each MCOs policies and procedures for payment as a non-participating Provider. Upon the provider being enrolled and screened through KMAP, it is up to each MCO whether or not they honor the Medicaid program effective date and backdate the contract date. If the MCO doesn't backdate the contract date, the provider has the option of submitting claims for payment at a non-participating rate.

Q. Where can I get these slides to be able to print them off?

A. We are working to get slides posted to KMAP as well as all MCO websites.

Q. If out of state providers are seeing patients in a hospital setting via telemedicine do they still require prior authorization?

A. Yes, non-par providers are still required to obtain PA.