



Kansas Telemedicine Act Overview

Sandra Akpovona, RN, KDHE-DHCF State Program Manager

November, 2018

Senate Substitute to House Bill 2028

- The Kansas Telemedicine Act was passed during the 2018 Legislative session after several iterations of bills. The Senate Substitute to House Bill 2028 was approved.
- The law will be effective on January 1, 2019.
- The law notes that services that are currently covered in-person will be allowed via telemedicine.
- The law also addresses the provision of speech-language pathology and audiology services via telemedicine.

Definitions

- **Telemedicine, including telehealth** is the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time-two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient's healthcare.

Definitions

- **Distant site** – a site at which a health care provider is located while providing health care services by means of telemedicine.
- **Originating site** – a site at which the patient is located at the time healthcare services are provided by means of telemedicine.
- **Healthcare provider** – a physician, licensed physician assistant, licensed advanced practice registered nurse or a person licensed, registered, certified or otherwise authorized to practice by the Behavioral Sciences Regulatory Board.

Definitions

- **Physician**- a person licensed to practice medicine and surgery by the Kansas State Board of Healing Arts.

What will the new regulations change?

- The new regulations will not affect current policy and coverage of Medicaid telemedicine services. Medicaid has covered telemedicine in some capacity since 2004.
- The new regulations will allow speech-language pathology and audiology services to be furnished via telemedicine. These services will not be limited to the school setting.
- Medicaid will cover speech and audiology services that are written in the Individual Education Plan (I.E.P) for Medicaid eligible children in the school setting.

Impact on Providers

- FQHC and RHC providers will be allowed to function as the distant site for the provision of telemedicine services and will receive the encounter rate at the distant site.
- The FQHC and RHC providers will receive payment for code Q3014 (originating facility fee) when functioning as the originating site.

Who can receive services via telemedicine and what services are allowable?

- Any Medicaid eligible beneficiary may receive services via telemedicine.
- Please see KMAP Bulletin 18138 for a list of codes that are appropriate to be furnished via telemedicine.

What healthcare providers are allowed to bill for telehealth services?

- A physician, licensed physician assistant, licensed advanced practice registered nurse, or person licensed, registered, certified or otherwise authorized to practice by the Behavioral Sciences Regulatory Board.
- Additionally, the Kansas Telemedicine Act allows speech-language pathologists and audiologists to receive payment for telemedicine services.

Can telemedicine be used in rural and metro areas?

- Historically the provision of telemedicine services was used to connect beneficiaries in rural or remote areas to specialist. This saves time and the cost of transportation.
- It is appropriate to allow telemedicine services in both rural and metro areas.

Are there originating site restrictions?

- Yes, the beneficiary's home is not an acceptable originating site for telemedicine services.
- FQHC and RHC providers must use place of service 50 or 72 as the originating site.
- Schools cannot serve as the originating site for services furnished by an FQHC or RHC.
- The reimbursement for the originating facility fee is \$20.

Originating sites authorized by law include the following:

- Physician or practitioner's office
- Hospital
- Critical Access Hospital (CAH)
- Rural Health Clinic
- Federally Qualified Health Center
- Indian Health Center
- Community Mental Health Center
- Hospital based or CAH Renal Dialysis Center

Are there distant site limitations (distant site to originating site)?

- No, however, the same provider cannot bill for both the originating site and the distant site for a telemedicine visit.

Will FQHCs be able to act as the distant site? Originating site?

- FQHCs will be allowed to act as the distant site.
- FQHCs will be allowed to act as the originating site.
- The same FQHC location cannot act as both the distant site and the originating site.
- Two claims must be submitted for a telemedicine visit, one for the originating site and one for the distant site.

What are the requirements to receive reimbursement?

- To receive reimbursement for telemedicine services requires the following: Medicaid enrolled provider, Medicaid eligible beneficiary, Medicaid covered service that is allowed to be furnished via telemedicine.

Will there be remote patient monitoring reimbursement?

- No, reimbursement for remote patient monitoring is only allowed as a service of the Frail Elderly Home and Community Based Waiver at this time.

Are there prescribing limitations?

- To receive reimbursement for telemedicine services requires the following: Medicaid enrolled provider, Medicaid eligible beneficiary, Medicaid covered service that is allowed to be furnished via telemedicine.

Will there be a published list of codes or do we put a modifier on existing codes for reimbursement?

- Please see KMAP Bulletin 18138 for a list of codes that are appropriate to be furnished via telemedicine. Claims submitted for telemedicine services do not require the use of modifiers.
- FQHC and RHC providers must use place of service 50 or 72 at the originating site.
- FQHC and RHC providers must use place of service 02 at the distant site.

Additional FQHC and RHC Questions

- Can an optometrist in an FQHC bill code G0117? – **No, G0117 is not a Kansas Medicaid covered service.**
- Is a physical therapist a qualified provider? If not, is it appropriate in the FQHC for the therapist to provide the service and bill under the supervising physician or is that not appropriate and this is captured on our cost report? **A physical therapist is not a qualified provider in accordance Attachment 4.19B #2.c., Page 1 of the Medicaid State Plan.**

Additional FQHC and RHC Questions

- Are we paid the PPS rate? **The distant site will be reimbursed the PPS, encounter rate.**
- What is POS? –**Place of service**
- Newly employed provider not yet enrolled with Medicaid - can we bill under the supervising physician in the clinic? - **No. To receive reimbursement for telemedicine services requires the following: Medicaid enrolled provider, Medicaid eligible beneficiary, Medicaid covered service that is allowed to be furnished via telemedicine.**

Additional FQHC and RHC Questions

- Will the new student documentation guidelines MLN Matters Number: MM10412 revised would this apply to behavioral health student working with an LCSW or Clinical Psychologist? - **No, MM10412 is only applicable to teaching physicians.**
- if not, can any of the documentation from the student count for coding and billing purposes? **No, MM10412 is only applicable to teaching physicians.**
- Can an FQHC bill for dental screening and fluoride treatment done at a school? **No, the originating site is school, not appropriate for FQHC.**

Additional FQHC and RHC Questions

- If we perform a minor procedure only without an E/M do we still receive our PPS payment? - **Please provide an example of a minor procedure compared to an E/M visit and how this is related to telemedicine.**
- Are FQHCs allowed to serve as the distant site for telehealth visits? It appears that over time, the clinics began serving in this manner to ensure access to services in rural HPSA or non-MSA counties.- **Effective December 1, 2018, FQHC may serve as the distant site for the provision of telemedicine services. KMAP Policy E2018-099.**

Additional FQHC and RHC Questions

- Is it appropriate to allow an FQHC to be the originating site and one of the satellite locations of that same FQHC (same NPI) to be the distant site for a telehealth encounter? - **KMAP policy effective December 1, 2018 will allow the following: An FQHC may provide a telemedicine visit between two satellite sites/locations. For example, location A may be the originating site and location D may be the distant site.**

Additional FQHC and RHC Questions

- Should the originating site be paid the \$20 originating site facility fee and not a full encounter rate if the satellite location at the distant site is paid an encounter rate? -**KMAP policy effective December 1, 2018 will allow the following: The originating site will only be reimbursed the originating facility fee of \$20.00, Q3014. The originating site will not be paid the encounter rate.**

Additional FQHC and RHC Questions

- Should an FQHC and a satellite location ever be paid an encounter at both the originating and distant sites for the same visit provided via telehealth? **No. The encounter rate is only paid at the distant site (location of the provider). The originating site is only paid the originating site facility fee of \$20.00.**

Additional Questions?

