KAISER PERMANENTE®
PAYMENT POLICY

Telehealth Services (Medicare)

Scope

This policy applies to:

☒ Kaiser Permanente Health Plan of Washington

☐ Kaiser Permanente Health Plan of Washington Options, Inc.

☐ Commercial ☒ Medicare ☐ Medicaid

Policy — Original Effective Date: 08/01/2013

On March 10, 2020, the Centers for Medicare & Medicaid Services (CMS) released a memo to assist Medicare Advantage (MA) and Part D plans in responding to disasters and emergencies resulting from the 2019 Novel Coronavirus (COVID-19) outbreak.

When benefits allow, Kaiser Foundation Health Plan of Washington (Kaiser Permanente) will reimburse telehealth services when **all** of the following criteria are met:

Note: Limiting instructions contained in this policy that are addressed in the March 10, 2020 CMS memo are subject to the expanded guidance included in the CMS Memo.

a) The services are medically necessary.

b) The originating site is qualified as defined by the CMS.

   a. This criterion has been lifted due to the March 10, 2020 memo issued by CMS.

c) The distant site practitioner is qualified as defined by CMS.

d) Patient is present and able to participate.

e) The claim is billed according to the CMS guidelines for telehealth services.

Billing/Coding Guidelines

All claims will be billed according to CMS guidelines.

Place of Service code 02, 10 or 11 with modifier 95 must be billed with all codes when the service is conducted via a real-time interactive audio and video telecommunications system or telephonically.

The practitioner located at the distant site must submit the appropriate HCPCS/CPT codes for the services rendered. Modifier GQ must be appended to all codes when the service is conducted in Alaska or Hawaii via an asynchronous telecommunications “store-and-forward” system. Modifier GQ does not increase or decrease reimbursement rates.

For dates of service prior to 01/01/2024, if the originating site is a facility provider, the site fee charge must be submitted as an outpatient service with revenue code 0780 and corresponding HCPCS code Q3014. Reimbursement will be at the Medicare Fee Schedule.

Effective January 1, 2022, providers are required to use modifiers FQ or 93 to identify when telehealth services provided are **audio-only**.

Policy Definitions

Asynchronous Telecommunication

Medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being present. This is also referred to as “store-and-forward” telehealth or non-interactive telecommunication.

Distant Site Practitioners

Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to state law) are:

- Physicians
- Physician assistants
- Nurse midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Registered dieticians
- Clinical psychologists (CP)
- Clinical social workers (CSW)
- Nurse practitioners

Note: CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under CMS guidelines.

Health Professional Shortage Area (HPSA)

HPSAs are geographic areas, or populations within geographic areas, that lack sufficient health care providers to meet the health care needs of the area or population.

Interactive Audio and Video Telecommunication

Medical information is communicated in real-time with the use of interactive audio and video communications equipment. The real-time communication is between the performing physician and a distant physician or health care specialist. The patient is present during the communication. This is also referred to as interactive telecommunication.

This below Originating Site criteria has been lifted due to the March 10, 2020 memo issued by CMS.

Originating Site

A qualifying site is the site at which the patient is physically located. According to CMS guidelines, the site must be located in a rural HPSA or in a county outside of a Metropolitan Statistical Area. **Note**: If the member's coverage includes supplemental benefits, the member does not need to be located in a rural area to qualify for services.

The originating sites currently authorized according to CMS guidelines are:

- The offices of physicians or practitioners
- Hospitals
- Critical access hospitals
- Rural health clinics
- Federally qualified health centers
- Hospital-based or CAH-based Renal Dialysis Centers
- Skilled nursing facilities
- Licensed or certified behavioral health facilities

Telehealth

Services that are a live, interactive audio and visual transmission of a physician-patient encounter from one site to another, using telecommunications technologies. They may include transmissions of real-time telecommunications or those transmitted by "store-and-forward" technology (asynchronous telecommunication).

Modifier 93 – Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system.

Modifier FQ – The service was rendered using audio-only communication technology.

Prerequisite(s)

Services meet CMS guidelines for telehealth.

References

List of Telehealth Services published by CMS.

March 10, 2020 Information Related to Coronavirus Disease 2019 - COVID-19 Guidance memo

CMS Place of Service Code Set – CMS.gov

"Elimination of the GT Modifier for Telehealth Services" Medicare Learning Network (MLN) Number: MM10152

"Final Policy, Payment, and Quality Provisions in the Medicare Physician Fee Schedule for Calendar Year 2018" Centers for Medicare & Medicaid Services

"Telehealth Services," Rural Health Fact Sheet Medicare Learning Network® (MLN) December 2012

Medicare Claims Processing Manual, Chapter 12- Physicians/Nonphysician Practitioners (Section 190)

"Health Professional Shortage Area (HPSA) Physician Bonus, HPSA Surgical Incentive Payment, and Primary Care Incentive Payment Programs," Medicare Learning Network® (MLN) March 2012

"New Place of Service (POS) Code for Telehealth and Distant Site Payment Policy" MLN Matters Department of Health and Human Services Centers for Medicare & Medicaid Services

"New/Modifications to the Place of Service (POS) Codes for Telehealth" MLN Matters; Number 12427, October 13, 2021

CPT® Appendix A audio only Modifier 93 for reporting medical services, AMA

Tips for Telehealth Billing during the COVID-19 Pandemic – American Psychiatric Association

Behavioral Health – HEDIS Coding Guide

Related Policies

Virtual Care (Commercial)

Telemedicine Services (Commercial)

Frequently Asked Questions

CMS – March 17, 2020 FAQ

Q1: A physician receives a call from an asthmatic member having difficulty breathing. The physician is able to handle the situation over the phone without requiring the member to be seen in an emergency room. Will this service be reimbursed?

A1: No. This service will not be reimbursed since it did not require direct, in-person patient contact. This service is considered included in the overall management of the patient.

Q2: A provider makes daily telephone calls to a patient to check on the status of his/her condition. These services are in lieu of clinic visits. Will these telephone services be reimbursed?

A2: No. This service will not be reimbursed; telephone services do not involve direct, in-person patient contact. These services are considered included in the overall management of the patient.

Q3: What is the difference between telehealth services and telephone calls?

A3: Telephone calls are part of case management services through which the provider is responsible for coordinating and controlling access to or initiating/supervising other health care services needed by the patient. An example is a telephone call made by a provider to a social worker to discuss discharge planning. Telehealth services are live interactive audio and visual transmissions of a provider-patient encounter from one site to another, using telecommunications technologies. Telehealth services are typically utilized in rural or health service shortage areas.

Q4: Are telehealth services billed with the GQ modifier reimbursable?

A4: Telehealth services billed with the GQ modifier are only reimbursed if the patient was located in Alaska or Hawaii, per CMS guidelines. Use of the GQ modifier indicates that "store-and-forward" technology is being used and the services do not include direct, in-person patient contact.

Q5: Will reimbursement be allowed when services are provided via Skype, or similar interactive video, into a patient's home?

A5: No. A patient's home is not recognized as a qualifying originating site.

Revision History

03/06/2024 – Updated to reflect end date for requiring facilities to bill with rev code 0780 and HCPCS Q3014 as of 01/01/2024

07/18/2022 – Added additional billing and coding links

02/01/2022 – Added modifiers 93 and FQ

12/16/2021 – Added place of service 10 to Billing Guidelines

10/28/2021 – Updated to allow audio only telemedicine

10/28/2020 – Added link to CMS Telehealth services

07/20/2020 – Information added on billing coding guidelines, "02 or 11 with 95 modifier"

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.