

Telemedicine Services (Commercial)

Scope

This policy applies to:

- | | | | |
|---|---|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |
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Policy

Original Effective Date: 01/01/2013

When benefits allow, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse [telemedicine](#) services when **all** of the following criteria are met:

- The services are medically necessary.
- The [originating site](#) is qualified.
- The [distant site practitioner](#) is qualified.
- Live [interactive video](#) is used or [store-and-forward technology](#). Associated office visit between member and the referring practitioner when store-and-forward technology is used.
- Patient is present at an originating site and able to participate.
- The claim is billed according to the Centers for Medicare & Medicaid Services (CMS) guidelines for telehealth services.

Starting March 6, 2020 additional [telemedicine/telehealth codes](#) were allowed.

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

Effective July 23, 2023, every contracted participating provider must require that a covered person has an [established relationship](#) with a provider prior to receiving telemedicine services.

Billing/Coding Guidelines

All claims will be billed according to CMS guidelines.

The practitioner located at the distant site must submit the appropriate HCPCS/CPT codes for the services rendered. [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. Modifier GQ must be appended to all codes when the service is conducted via an asynchronous telecommunications “store-and-forward” system. Place of Service 02, 10 or 11, modifier 95 or GQ does not increase or decrease

reimbursement rates. Though the 02 does not affect reimbursement rates, CPT/HCPC usage does. If billed with in-person evaluation and management procedure codes, telehealth rates will match that of in-person 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. If the originating site is not a facility, bill HCPCS code Q3014 with place of service 11.

Policy Definitions

Distant Site Practitioners – Practitioners at the distant site who may furnish and receive payment for covered telemedicine services are defined under Title 18 or chapter 70.127 RCW, to practice health or health-related services or otherwise practicing health care services in Washington State consistent with state law or contracted providers.

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.

Originating Site – A qualifying site the patient is physically located at while receiving health care services through telemedicine. The originating sites for telemedicine services are:

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

Store-and-Forward Technology – The use of an asynchronous transmission of a covered person’s medical information from an originating site to the health care provider at a distant site which results in medical diagnosis and management of the covered person. Store-and-Forward Technology does not include the use of audio-only telephone, facsimile, or email.

Telemedicine – The delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. “Telemedicine” does currently include the use of audio-only telephone, facsimile, or email.

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

Modifier FQ – Service rendered using audio-only communication technology.

Audio-only Telemedicine Established Relationship – In October 2022, the OIC finalized rule making regarding the requirement under RCW 48.43.735(1)(a)(v) and WAC 284-170-433(1)(b), effective 1/1/2023, every contracted participating provider must require that a covered person has an established relationship with a provider prior to receiving telemedicine services.

Established relationship – As defined in RCW 48.43.735(9)(d), or as may be modified by subsequent law or regulation. "Established relationship" means the provider providing audio-only telemedicine has access to sufficient health records to ensure safe, effective, and appropriate care services and: (i) The covered person has had, within the past three years, at least one in-person appointment, or at least one real-time interactive appointment using both audio and video technology, with the provider providing audio-only telemedicine or with a provider employed at the same medical group, at the same clinic, or by the same integrated delivery system operated by a carrier licensed under chapter 48.44 or 48.46 RCW as the provider providing audio-only telemedicine; or (ii) The covered person was referred to the provider providing audio-only telemedicine by another provider who has had, within the past three years, at least one in-person appointment, or at least one real-time interactive appointment using both audio and video technology, with the covered person and has provided relevant medical information to the provider providing audio-only telemedicine.

Prerequisite(s)

Service meets Washington State regulations for telemedicine services.

References

[List of Telehealth Services](#) published by CMS

[CMS Place of Service Code Set](#) – CMS.gov

[Senate Bill 6519](#), State of Washington 64th Legislature 2016 Regular Session

[Senate Bill 5175](#), State of Washington 64th Legislature 2015 Regular Session

[Final Policy, Payment, and Quality Provisions in the Medicare Physician Fee Schedule for Calendar Year 2018](#); Centers for Medicare & Medicaid Services

[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

[RCW48.43.735\(9\)\(d\)](#) - Reimbursement of health care services provided through telemedicine or store and forward technology—Audio-only telemedicine

[WAC 284-170-433\(1\)\(b\)](#) – Provider contracts – Telemedicine

Related Policies

[Telehealth \(Medicare\)](#)

[Virtual Care \(Commercial\)](#)

Frequently Asked Questions

Q1: A patient is in a rural health clinic and uses video conferencing technology to interact with a distant site practitioner for a consultation. Is this a reimbursable telemedicine service?

A1: Yes. This service is reimbursable; it is considered telemedicine according to Washington State statute.

Q2: A patient is in a critical access hospital; the practitioner creates a video regarding the patient's medical state. The video is later forwarded to a distant site practitioner who then reviews and replies to the originating practitioner with a diagnosis and medical management treatment plan. Is this a reimbursable telemedicine service?

A2: Yes. This service is reimbursable; this service is considered store-and-forward telemedicine under the Washington State statute.

Q3: What is the difference between telemedicine services and virtual care services?

A3: Telemedicine services use interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. Store-and-forward technology use of an asynchronous transmission of a covered person's medical information from an originating site to the health care provider at a distant site which results in medical diagnosis and management can also be used for a telemedicine service but there must be an associated office visit between the commercial member and the referring health care provider.

Virtual care services use online technology (computer, tablet, or smartphone), telephonic, or secure messaging transmissions of patient-initiated care from a remote location (ex. home) with a provider for the purpose of diagnosis and treatment; the member is NOT located at a healthcare site.

Q4: What is the difference between telemedicine services and telehealth services?

A4: Telemedicine services use interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment for commercial members. Store-and-forward technology use of an asynchronous transmission of a covered person's medical information from an originating site to the health care provider at a distant site which results in medical diagnosis and management can also be used for a telemedicine service but there must be an

associated office visit between the commercial member and the referring health care provider.

Telehealth services are a live, interactive audio and visual transmission of a physician-patient encounter from one site to another, using telecommunications technologies that follow CMS guidelines for Medicare members.

Q5: Skype is used from the patient's home to contact a provider for a diagnosis based billable visit. Is this a reimbursable telemedicine service?

A5: Yes. A patient's home is recognized as a qualifying originating site as of 1/1/2018 and therefore is considered a telemedicine service when billed appropriately.

Revision History

06/01/2024 – Definition of “Established Relationship” updated – effective 06/06/2024.

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

07/17/2023 – Updated “established relationship” provision date

01/19/2023 – Updated hyperlinks

12/22/2022 – Added Audio-only Telemedicine Established Relationship

02/01/2022 – Added modifiers 93 and FQ

01/11/2022 – Added place of Service 10

10/27/2021 – Updated policy to allow audio-only telemedicine permanently, effective July 25, 2021.

07/8/2021 – Updated place of service for HCPC Code Q3014.

06/29/2021 – Updated end date for audio-only services. Per OIC order.

05/28/2021 – Updated end date for audio-only services. Per OIC order.

04/30/2021 – Updated end date for audio-only services. Per OIC order.

04/5/2021 – Updated end date for audio-only services. Per OIC order.

03/9/2021 – Updated end date for audio-only services. Per OIC order.

01/11/2021 – Updated end date for audio-only services. Per OIC order.

11/16/2020 – Updated end date for audio-only services. Per OIC order.

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

07/20/2020 – Updated end date of audio-only telemedicine & non-HIPAA compliant platforms due to OIC extension.

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.