



VIRTUAL CARE

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: 01/01/2017

When benefits allow, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse for a medically necessary [virtual care](#) visits when all of the following criteria are met:

- a) Services are initiated by the member seeking care from a remote location, ex. home or work; a non-clinical location
- b) The service replaces the need for the member to travel to a provider's office or clinic
- c) The service takes place via online technology (including video), telephonic, or secure messaging
- d) Services must be between the member and an in-network provider on the member's plan
- e) Services aren't already covered by the [Telemedicine Services \(Commercial\) payment policy](#)

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

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines. CPT code ranges 99421-99423, 99441-99443, 99446-99449, 99451-99452 and 98966-98972, G2010, G2012, G2061-G2063 and G2250 – G2252 should be utilized for billing virtual care visits.

Non-covered and non-reimbursable services include:

- Non-secure e-mail and facsimile transmissions
- Medical evaluations that occur within 7 days after a face-to-face evaluation and management service for the same condition or same episode of care performed by the same practitioner
- Follow-up phone calls
- Communications to provide test results
- Triage to assess the appropriate place of service and/or appropriate provider type for the member to be seen
- Requests for medication refills

Policy Definitions

Virtual Care – A healthcare service provided via online technology, telephonic, or secure messaging transmission of member-initiated care from a remote location with a provider that is diagnostic- and treatment-focused. The member is NOT located at a healthcare site. Examples of online technology include the use of a computer, tablet or smartphone. An example of a remote location includes the member’s home or work; a non-clinical location. Services are allowed for commercial members.

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

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

Prerequisite(s)

Not applicable

References

[List of Telehealth Services](#), CMS.

[CPT® Appendix A audio only Modifier 93 for reporting medical services](#), AMA

Related Policies

[Telemedicine \(Commercial\)](#)

[Telehealth \(Medicare\)](#)

Frequently Asked Questions

Q1: Is there a difference between Kaiser Permanente’s definition of virtual care, telemedicine, and telehealth?

A1: Yes. Kaiser Permanente defines virtual care, telemedicine, and telehealth services differently.

Virtual care is a healthcare service provided via online technology, telephonic, or secure messaging transmission of member-initiated care from a remote location with a provider that is diagnostic- and treatment-focused. The member is NOT located at a healthcare site. Examples of online technology include the use of a computer, tablet or smartphone. An example of a remote location includes the member’s home or work; a non-clinical location. Services are allowed for commercial members.

Telemedicine is the delivery of health care services through the use of interactive audio and visual 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. A qualified originating site includes hospitals, rural health clinics, provider offices, federally qualified health centers, mental health centers, skilled nursing facilities, critical access hospitals, and hospital-based or critical access hospital-based renal dialysis centers. The patient is present at the originating site and a qualified practitioner is located at the distant site practitioner. Telemedicine does not include the use of facsimile, email, or secure messaging. Services are allowed for commercial members.

Telehealth is delivery of services via live, interactive audio and visual transmission of a physician-patient encounter from one site to another, using telecommunications technologies. The services may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology for Medicare members.

- Q2:** The member has a phone visit that is medically necessary with a practitioner and receives a diagnosis. Will the service be reimbursable?
- A2:** Yes. Kaiser Permanente will reimburse for a telephone virtual care visit when all criteria are met and billed with the designated CPT code(s).
- Q3:** The member sends a secure message to her primary care physician through Kaiser Permanente member website online messaging. The message was medically necessary, resulting in a diagnosis and treatment advice. Will the service be reimbursable?
- A3:** Yes. Kaiser Permanente will reimburse for a secure messaging virtual care visit when all criteria are met and billed with the designated CPT code(s).
- Q4:** The member was seen in the office by a primary care physician for cold symptoms. The member has a follow up phone visit with the same physician 5 days later. Will the follow-up phone visit be reimbursable?
- A4:** No. Follow-up care is not a reimbursable service. Follow-up care within 7 days is considered part of the initial visit.
- Q5:** The member is at home on the patio and has a medically necessary online video visit with a practitioner. Will the service be reimbursable?
- A5:** Yes. Kaiser Permanente will reimburse for an online virtual care visit when all criteria are met.
- Q6:** The member is on vacation in another country/state and has a medically necessary online video visit with their provider. Will the service be reimbursable?
- A6:** No. Patient location determines the location of the medical practice. Therefore, providing care for patients who are in states or countries where the provider does not hold a license presents a risk for those not licensed to practice in those states.

Example: If the patient is in Utah and the provider is in Washington, the provider is practicing in Utah. If the provider is not licensed in Utah, then care cannot be provided.



The provider can:

- Provide advice about whether and how to seek care in the state/country where the patient is located
- Provide advice when a condition is already documented in the patient's chart as part of a care plan
- Write a prescription for an emergency supply if the patient has left home without a previously prescribed crucial medication and there is a safety concern to wait for a refill (except controlled substances)

Revision History

08/03/2023 – Added HCPCS codes G2250 – G2252 to list of codes that should be billed for virtual care

03/21/2022 – Added FAQ regarding care outside of Washington State

02/14/2022 – Added modifiers 93 and FQ

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.