PAYMENT POLICIES

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

When benefits allow, telehealth services will be reimbursed when all of the following criteria are met:

a) The services are medically necessary.

b) The originating site is qualified as defined by the Centers for Medicare & Medicaid Services (CMS).

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

d) Live interactive video is used. (Exception: When patient is located in Hawaii or Alaska, “store-and-forward” technology can be used within CMS guidelines.)

e) Patient is present and able to participate.

f) The claim is billed according to the CMS guidelines for telehealth 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. Modifier GQ must be appended to all codes when the service is conducted in Alaska or Hawaii via asynchronous telecommunications “store-and-forward” system. Modifier GQ does not increase or decrease reimbursement rates.

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.
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

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.

Originating Site
A qualifying site the patient is physically located at. According to CMS guidelines the site must be located in a rural HPSA or in a county outside of a Metropolitan Statistical Area.

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
- Community mental health centers
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).

Prerequisite(s)

Services meet CMS guidelines for telehealth.

References

“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

Medicare Telehealth Payment Eligibility Analyzer, U.S. Department of Health and Human 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

Related Policies

Telemedicine (Commercial)

Virtual Care (Commercial)

Frequently Asked Questions

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 is located in Alaska or Hawaii according to 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.

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.