

# Kansas

**Medicaid Program:** Kansas Medicaid

**Program Administrator:** Kansas Dept. of Health and Environment

**Regional Telehealth Resource Center:** Heartland Telehealth Resource Center [www.heartlandtrc.org](http://www.heartlandtrc.org)

## Kansas Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, EMS, NLC	✓

## Kansas Detailed Policy

### Medicaid Telehealth Reimbursement

#### Summary

Kansas Medicaid covers live video telemedicine for certain services. Additionally, they also cover remote patient monitoring that is in real-time through home health agencies and with prior authorization.

All insurers (including Medicaid) must cover medically necessary services, subject to the terms and conditions of the contract. Medicaid specifically must provide reimbursement for speech language pathology services and audiology services.

#### Definitions

“Telemedicine is the use of communication equipment to link health care practitioners and patients in different locations. This technology is used by health care providers for many reasons, including increased cost efficiency, reduced transportation expenses, improved patient access to specialists and mental health providers, improved quality of care, and better communication among providers.”

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (Jan. 2020). (Accessed Sept. 2020).*

“Telemedicine,” including “telehealth,” means 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 healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient’s healthcare.

“Telemedicine” does not include communication between:

- (A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or
- (B) a physician and a patient that consists solely of an email or facsimile transmission.

**Source:** *KS Statute Ann. § 40-2,211(5). & KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 (Jan. 2020). (Accessed Sept. 2020).*

Telemedicine is the use of communication equipment to link health care practitioners and patients in different locations. This technology is used by health care providers for many reasons, including increased cost efficiency, reduced transportation expenses, improved patient access to specialists and mental health providers, improved quality of care, and better communication among providers.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, FQHC/RHC, p. 8-11 (Jun. 2020). (Accessed Sept. 2020).*



Policy

Insurers (including Medicaid) cannot exclude from coverage a service solely because the service is provided through telemedicine, rather than in-person contact or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider.

**Source:** *KS Statute Ann. § 40-2,213(b). (Accessed Sept. 2020).*

Services provided through telemedicine must be medically necessary and are subject to the terms and conditions of the individual’s health benefits plan.

Payment or reimbursement of covered healthcare services delivered through telemedicine is the payment or reimbursement for covered services that are delivered through personal contact.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 (Jan. 2020). (Accessed Sept. 2020).*

Eligible Services / Specialties

Eligible services:

- Office visits;
- Individual psychotherapy;
- Pharmacological management services.

The consulting or expert provider at the distant site must bill with the 02 place of service code. The GT modifier is no longer required.

See manual for list of acceptable CPT codes. Telemedicine will be reimbursed at the same rate as face-to-face services.

KMAP does not recognize CPT Codes 99241-99245 and 99251-99255.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (Jan. 2020) & FQHC/RHC, 8-11 (Jun. 2020). (Accessed Sept. 2020).*

Mental health assessment can be delivered by a nonphysician at a professional level and delivered either face-to-face or through telemedicine. Consultation with a physician or other providers to assist with the individual’s specific crisis may be billed either as face-to-face or via Telemedicine.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Mental Health, p. 8-8, 8-15 (Jan. 2020). (Accessed Sept. 2020).*

Speech-language pathologists and audiologists licensed by KDADS may provide services via telemedicine. See manual for specific codes for eligible telemedicine services. Services must be provided via real-time, interactive (synchronous) audio-video telecommunication equipment that is compliant with HIPPA. Codes not appearing on the list are not covered via telemedicine.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-27 & 2-28 (Jan. 2020). (Accessed Sept. 2020).*

Kansas Medicaid does not authorize the use of telemedicine in the delivery of any abortion procedure.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-31 (Jan. 2020). (Accessed Sept. 2020).*

**Autism Service**

Parent support and training as well as Family Adjustment Counseling can be provided via telemedicine, telehealth, or other modes of video distance monitoring methods that adhere to all required HIPPA guidelines and meet the state standards for telemedicine delivery methods.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Autism Services, p. 8-5 & 8-8 (May 2019). (Accessed Sept. 2020).*



Eligible Services / Specialties

**Intellectual/Developmentally Disabled Services**

All functional assessments must be conducted in-person at a location of the individual's choosing, or, if available, through the use of real-time interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

**Source:** *KS Dept. of Health and Environment, Provider Manual, HCBS Intellectual/Developmentally Disabled, p. I-1 (Mar. 2019). (Accessed Sept. 2020).*

Substance Use Disorder directs providers to General Benefits manual telemedicine section.

**Source:** *KS Dept. of Health and Environment, Provider Manual, Substance Use Disorder, p. 8-10, (Jan. 21, 2020). (Accessed Sept. 2020).*

Eligible Providers

Telemedicine and telehealth services may be delivered by a healthcare provider, which includes:

- Physicians
- Licensed Physician Assistants
- Licensed Advanced Practice Registered Nurses
- Other persons licensed, registered, certified, or otherwise authorized to practice by the behavioral sciences regulatory board.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (Jan. 2020). (Accessed Sept. 2020).*

Speech-language pathologists and audiologists licensed by the Kansas Department for Aging and Disability Services (KDADS) may also furnish appropriate and medically necessary services within their scope of practice via telemedicine. Services must be provided via real-time, interactive (synchronous) audio-video telecommunication equipment that is compliant with HIPAA.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-27 (Jan. 2020); Early Childhood Intervention Fee-for-Service Provider Manual, p. 8-2 (Jan. 2020); Local Education Agency Services, p. 8-7 (Jan. 2020); & Rehabilitative Therapy Services, p. 8-4, (Jan. 2020). (Accessed Sept. 2020).*

Providers who are not RHC or FQHC providers and are acting as the distant site will be reimbursed in accordance with a percentage of the Physician Fee Schedule and not an encounter rate.

**Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, FQHC/RHC, 8-11, (Jun. 2020). (Accessed Sept. 2020).*

Eligible Sites

No reference found.

Geographic Limits

No reference found.



# Medicaid Telehealth Reimbursement

Live Video	Facility/Transmission Fee	<p>The originating site, with the beneficiary present, may bill code Q3014 for the originating site fee with the appropriate POS code.</p> <p><b>Source:</b> <i>KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (Jan. 2020). (Accessed Sept. 2020).</i></p>
	Policy	<p>Kansas Medicaid requires the patient to be present at the originating site indicating store-and-forward will not be reimbursed, despite including store-and-forward in their definition of telemedicine.</p> <p><b>Source:</b> <i>KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 &amp; 2-31 (Jan. 2020). (Accessed Sept. 2020).</i></p>
Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.



Policy

Kansas Medicaid will reimburse for home telehealth. The policy states:

“Home telehealth uses real-time, interactive, audio/video telecommunication equipment to monitor patients in the home setting, as opposed to a nurse visiting the home. This technology may be used to monitor the beneficiary for significant changes in health status, provide timely assessment of chronic conditions and provide other skilled nursing services.”

**Source:** Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. 8-29 (Jul. 2020). (Accessed Sept. 2020).

“Home Telehealth is a remote monitoring system that enables the participant to effectively manage one or more diseases and catch early signs of trouble so intervention can occur before the participant’s health declines. The provision of Home Telehealth involves participant education specific to one or more diseases (e.g. COPD, CHF, hypertension, and diabetes), counseling, and nursing supervision.”

**Source:** Kansas Medical Assistance Program, Provider Manual, HCBS Frail Elderly, p. 8-17, (May 2019). (Accessed Sept. 2020).

Conditions

See manual for the codes to use for the provision of telehealth visits to provide long-term care home health services and to assist beneficiaries in managing their diabetes.

**Source:** Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. AIII-4 & AIII-6. (July. 2020). (Accessed Sept. 2020).

**Home and Community Based Services for the Frail Elderly**

Telehealth services (including remote patient monitoring) are provided on an individualized basis for participants who have an identified need in their ISPOC. Participant options and information are provided and discussed during the development of the Integrated Service Plan of Care (ISPOC). The participant can qualify if either of the following apply:

- The participant is in need of disease management consultation and education AND has had two or more hospitalizations, including emergency room (ER) visits, within the previous year related to one or more diseases.
- The participant is using MFP to move from a nursing facility back into the community.

**Source:** Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, HCBS Frail Elderly, p. 8-17 & 8-18, (May 2019). (Accessed Sept. 2020).

Provider Limitations

Home Telehealth services must be provided by a registered nurse or licensed practical nurse. Agencies may bill skilled nursing services on the same date of service as telehealth services.

**Source:** Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. 8-29 (Jul. 2020). (Accessed Sept. 2020).

**Home and Community Based Services for the Frail Elderly**

Must be delivered by a registered nurse or licensed practical nurse with RN supervision. Providers can include home health agencies or county health departments with system equipment capable of monitoring participant vital signs daily. This includes (at a minimum) heart rate, blood pressure, mean arterial pressure, weight, oxygen saturation, and temperature. Also, the provider must have the capability to ask the participant questions which are tailored to his or her diagnosis. The provider and equipment must have needed language options such as English, Spanish, Russian, and Vietnamese.

**Source:** Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, HCBS Frail Elderly, p. 8-18-19, (May 2019). (Accessed Sept. 2020).



Providers must submit literature to the fiscal agent’s Provider Enrollment team pertaining to the telecommunication equipment the agency has chosen that will allow thorough physical assessments such as: assessment of edema, rashes, bruising, skin conditions, and other significant changes in health status.

Providers must satisfy all the enrollment/demonstration requirements. See manual for specific demonstration criteria.

Providers are eligible for reimbursement of home telehealth services that meet the following criteria:

- Prescribed by a physician or allowed nonphysician practitioner;
- Considered medically necessary;
- Signed beneficiary consent for telehealth services;
- Skilled nursing service;
- Does not exceed program limitations (two visits per week for non-Home and Community Based Services beneficiaries)

Prior authorization required.

**Source:** Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. AIII-19. (Jul. 2020). (Accessed Sept. 2020).

**Home Telehealth Limitations**

- Providers must bill T1030 and T1031 with place of service 02 for home telehealth skilled nursing visits. These codes are per visit.
- PAs are entered for no more than 60 days. Home telehealth services cannot be approved for durations of more than 60 days. Additional documentation may be required to support continuation of home telehealth service requests that exceed 60 days.
- Telehealth visits must be provided by a registered nurse or licensed practical nurse.
- Telehealth visits must use face-to-face, real-time, interactive video contact to monitor beneficiaries in the home setting as opposed to a nurse visiting the home. This technology can be used to monitor a beneficiary’s health status and to provide timely assessments of chronic conditions and other skilled nursing services.
- HCBS beneficiaries eligible for face-to-face skilled nursing visits provided by a home health agency may receive home telehealth visits with documentation of medical necessity and prior authorization (PA). The PA must include units to cover the duration and frequency of home telehealth visits. Oral medication administration or monitoring is not considered skilled care.

**Source:** Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. AIII-8. (Jul. 2020). (Accessed Sept. 2020).

**Home and Community Based Services for the Frail Elderly**

See HCBS Frail Elderly provider manual for documentation requirements.

**Source:** Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, HCBS Frail Elderly, p. 8-19 & 8-20 (May 2019). (Accessed Sept. 2020).

Telemedicine does not include communication between:

- A healthcare provider that consists solely of a telephone voice-only conversation, email, or facsimile transmission.
- A physician and a patient that consists solely of an email or facsimile transmission.

Email, telephone, and facsimile transmissions are not covered as telemedicine services.

**Source:** KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 & 2-31 (Jan. 2020) & FQHC/RHC, 8-11, (Jun. 2020). (Accessed Sept. 2020).



Medicaid Telehealth Reimbursement	Consent	<p>Signed beneficiary consent for telehealth home services is required.</p> <p><b>Source:</b> <i>KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health Agency, p. AIII-19 (Jul. 2020). (Accessed Sept. 2020).</i></p>
	Out of State Providers	<p>No reference found.</p>
	Miscellaneous	<p>Except when otherwise prohibited by any other provision of law, when the patient consents and has a primary care or other treating physician, the person providing telemedicine services will send within three business days a report to such primary care or other treating physician of the treatment and services rendered to the patient in the telemedicine encounter.</p> <p><b>Source:</b> <i>KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 &amp; 2-31 (Jan. 2020). (Accessed Sept. 2020).</i></p>
Private Payer Laws	Definitions	<p>“Telemedicine,” including “telehealth,” means 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 healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient’s healthcare. “Telemedicine” does not include communication between:</p> <ul style="list-style-type: none"> <li>(A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or</li> <li>(B) a physician and a patient that consists solely of an email or facsimile transmission.</li> </ul> <p><b>Source:</b> <i>KS Statute Ann. § 40-2,211(5). (Accessed Sept. 2020).</i></p>
	Requirements	<p>Insurers cannot exclude an otherwise covered healthcare service from coverage solely because such service is provided through telemedicine, rather than in-person contact, or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider.</p> <p>The insured’s medical record shall serve to satisfy all documentation for the reimbursement of all telemedicine healthcare services, and no additional documentation for telemedicine is required.</p> <p><b>Source:</b> <i>KS Statute Ann. § 40-2,213. (Accessed Sept. 2020).</i></p>



Private Payer Laws	Parity	Service Parity	<p>Payment can be limited to only services that are medically necessary, subject to the terms and conditions of the covered individual’s health benefits plan.</p> <p><b>Source:</b> <i>KS Statute Ann. § 40-2,213. (Accessed Sept. 2020).</i></p>
		Payment Parity	<p>Payment or reimbursement for covered services delivered through telemedicine may be established by an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation or health maintenance organization in the same manner as payment or reimbursement for covered services that are delivered via in-person contact are established.</p> <p><b>Source:</b> <i>KS Statute Ann. § 40-2,213. (Accessed Sept. 2020).</i></p>
Professional Regulation/Health & Safety	Definitions	<p>“Telemedicine,” including “telehealth,” means 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 healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient’s healthcare. “Telemedicine” does not include communication between:</p> <p>(A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or</p> <p>(B) a physician and a patient that consists solely of an email or facsimile transmission.</p> <p><b>Source:</b> <i>KS Statute Ann. § 40-2,211(5). (Accessed Sept. 2020).</i></p>	
	Consent	<p>No reference found.</p>	
	Online Prescribing	<p>The same laws and regulations that apply to the prescribing of drugs, including controlled substances, by means of in-person contact shall apply to the prescribing of drugs, including controlled substances, by means of telemedicine.</p> <p><b>Source:</b> <i>KS Admin. Regs., Sec. 100-77-3. (Accessed Sept. 2020).</i></p> <p>Physicians must have a pre-existing patient-prescriber relationship. Physicians are prohibited from prescribing drugs on the basis of an internet-based questionnaire, internet-based consult, or telephonic consultation.</p> <p><b>Source:</b> <i>KS Admin. Regs., Sec. 68-2-20(2). (Accessed Sept. 2020).</i></p> <p>Telemedicine may be used to establish a valid provider-patient relationship.</p> <p><b>Source:</b> <i>KS Statute Ann. § 40-2,212(b). (Accessed Sept. 2020).</i></p>	





Cross-State Licensing

Member of the interstate medical licensure compact.

**Source:** *Interstate Medical Licensure Compact. The IMLC. (Accessed Sept. 2020).*

Member of Nurses Licensure Compact.

**Source:** *Current NLC States and Status. NCSBN. Accessed Sept. 2018. (Accessed Sept. 2020).*

Member of EMS Compact.

**Source:** *National Registry of Emergency Medical Technicians. The EMS Compact. (Accessed Sept. 2020).*

Miscellaneous

No reference found.

