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HTRC Heartland Telehealth Resource Center

A PROVIDER'S GUIDE:
Current Requirements for Telehealth Provision and Reimbursement in Kansas

Rapid developments with the COVID-19 pandemic have resulted in a set of broad expansions of telehealth policy, including key changes to both public and private payer payment policies, at least for the duration of this emergency period. This guide provides an overview key components of telehealth payment in Kansas, including changes to requirements in response to COVID-19. Please keep in mind that events and policies are changing rapidly, and that this document will be updated frequently as new information and policies become available/are enacted.

The table below includes information on current policies and requirements for the provision of telehealth services in the state of Kansas:

Key Policy Considerations	Medicare	KanCare (Medicaid)	Private Payers
NO geographic limitations for telehealth services (e.g. service *not* limited to rural or non-Metropolitan Svc Area (MSA) location)	Yes	YEs	Varies
Out of state providers allowed	Yes	Physicians only (With notice to Board of Healing Arts)	Varies
Patient home is eligible "originating site" (i.e. patient site)	Yes	Yes	Varies
Other non-healthcare facilities (e.g. schools, worksites, libraries, etc.) **are eligible originating/patient sites**	Yes	Yes	Varies
Originating/patient sites (other than patient's home) **can bill facility fee**	Yes FQHCs and RHCs: Yes (When CARES Act Implemented)	Yes FQHCs and RHCs: Yes- KMAP Bulletin 20046	Varies
Prior existing relationship with patient NOT required	Yes	Yes	Varies

This resource was developed in collaboration with the Center for Connected Health Policy (CCHP), and was made possible by a grant from the Office for the Advancement of Telehealth, HRSA, DHHS

Any provider type eligible to use telehealth, as long as practicing within scope (e.g. MD, DO, NP, APRN, LCSW, RD/LD, Genetic Counselors, etc.)	No (Expanded List)	No (Expanded List)	Varies
DEA-registered practitioners may issue prescriptions for controlled substances without requiring in-person medical evaluation	Yes	Yes (Executive Order 20-08)	Yes (Executive Order 20-08)
Any eligible member service can be provided via telehealth when medically necessary and appropriate	No (Eligible Services only)	Yes	Varies
Patient co-pays and out-of-pocket still apply unless waived by the payer/plan	Yes (not for COVID-19 services)	Yes (not for COVID-19 services)	Varies
Prior authorization NOT required for telehealth services, unless in-person service also requires prior authorization	Yes	Yes	Varies
Providers can use all telehealth modalities to deliver services	No (Live video only, not store and forward)	No (Not store and Forward)	Varies
Providers paid for telephone/audio only visits	Yes	Yes (Some services- autism no)	Varies
Providers can deliver services via technology-based communications that are not typically considered telehealth – i.e. virtual check-ins, interprofessional internet consultations (eConsults), remote monitoring services (CCM, Complex CCM, TCM, Remote PM, PCM), online digital evals (see CCHP Telehealth Policies for specific codes and criteria)	Yes	No	Varies
Patient consent is required, however verbal consent is acceptable (i.e. written consent not required)	Yes	Yes	Varies

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Non-HIPAA compliant technology solutions are acceptable to use for telehealth visits (e.g. Skype, FaceTime) – see OCR guidance for additional detail	Yes	No (not billable)	Varies
Personal devices, such as smartphones and tablets may be used to deliver telehealth services	Yes	Some (all video/audio must be HIPAA Complaint)	Varies
Place of Service Code	02[1] (See footnote below)	02 (Only use 12 for services	Varies
Special Considerations for FQHCs and RHCs			
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) may serve as "distant" telehealth sites (i.e. provider location sites)	**Yes (When CARES Act implemented by CMS)**	**Yes**	**Varies**
FQHCs and RHCs can utilize some technology-based communications, per 2019 Medicare expansion	**Virtual Check-in: Remote Monitoring Services: Chronic Care Management (CCM); Transitional Care Management (TCM)**		

[1] See *Medicare Telehealth Frequently Asked Questions (FAQs) March 17, 2020*, "A Medicare telehealth services are generally billed as if the service had been furnished in-person. For Medicare telehealth services, the claim should reflect the designated Place of Service (POS) code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site." Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwje94eK8dvoAhW0lXIEHXRMA4AQFjAAegQIBxAB&url=https%3A%2F%2Fedit.cms.gov%2Ffiles%2Fdocument%2Fmedicare-telehealth-frequently-asked-questions-faqs-31720.pdf&usg=AOvVaw2sXwDVqPuawrOkVZK7cAZX

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