



MAY 2020

KMAP GENERAL BULLETIN 20120

Expansion with Select Telemedicine Allowed Codes/Home Setting

Effective with dates of service on and after March 12, 2020, providers can be reimbursed for the following codes when the originating telemedicine (tele-video only) site is in the member’s home (i.e. where the member is receiving services).

Procedure Code	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual
92526	Treatment of swallowing dysfunction and/or oral function for feeding
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one to one) patient contact, each 15 minutes
90785	Interactive complexity (list separately in addition to the code for the primary procedure)

Effective with dates of service on and after March 12, 2020, the following Autism-related service codes can be provided via telemedicine (tele-video only) and with an allowance for the place of service to be in the member’s home.

Procedure Code	Description
97151	Behavior identification assessment administered by a physician or other qualified health care professional, each 15 minutes
97152	Behavior identification-supporting assessment, administered by one technician under the direction of the physician or other qualified health care professional, each 15 minutes
97153	Adaptive behavior treatment by protocol, each 15 minutes

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- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m. Monday - Friday

DXC Technology is the fiscal agent of KMAP.



Expansion with Select Telemedicine Allowed Codes/Home Setting continued

For the codes noted on this bulletin, no payment for Q3014 code will be made with POS 12 (home) without the physical presence of the provider. The distant site, where the provider is delivering services, will use the appropriate Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) code with Place of Service code 02 used when providing these services via telemedicine.

Telemedicine services (as noted above) can be made when there is verbal consent received from the patient (to be followed up by written approval) in the medical record. Audio/visual communication can only be utilized if that contact is Health Insurance Portability and Accountability Act (HIPAA) compliant. These updates do not change or modify the current coverage. Allowed provider types and specialties will remain unchanged. Reimbursement will be the same as a face-to-face visit. Existing National Correct Coding Initiative (NCCI) edits/limitations will remain in place and are not waived with this policy.

Providers will need to rebill claims submitted and denied for the above reasons from March 12, 2020 to date of implementation.

Exceptions granted in this policy shall be in place until rescinded.

Note: The effective date of the policy is March 12, 2020. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The KanCare Open Claims Resolution Log on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

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