

Kansas Metro Business & Healthcare Coalition
Testimony in Support of HB 2206
House Health and Human Services Committee
February 16, 2017

Mr. Chairman and Members of the Committee:

My name is Bruce Witt and I am President of the Kansas Metro Business and Healthcare Coalition (KMBHC). We are a group of hospitals, healthcare providers, businesses leaders and trade groups focused on ensuring the ongoing delivery of high quality, state of the art healthcare in the state's urban areas.

We support HB 2206 because many of our members use telemedicine to extend their services and add value to rural Kansas. We understand healthcare is not a one size fits all proposition, especially in a State as broad and diverse as ours. Telemedicine is currently offering rural Kansans more medical solutions than ever before and this bill will further encourage telehealth throughout Kansas.

Additionally, telemedicine can offer Kansans a healthcare delivery mechanism similar to that in 32 other states. For example, Blue Cross & Blue Shield of Kansas City, a Missouri licensed insurance company, offers their Missouri customers a telehealth solution called AmWell. They can schedule an appointment and see their doctor from their tablet or smartphone.

As it currently stands, Kansas, unlike other states, does not have any meaningful telemedicine laws. The practical effect is Kansas has outsourced its telemedicine reimbursement policy to the individual insurance companies. The 2017 Kansas Legislator Briefing Book on Health and the Blue Cross Telemedicine Guidelines detail how coverage is reimbursed. I have attached the actual BCBS guidelines for your review.

Both urban and rural business and community leaders understand that healthcare companies and hospitals employ thousands of people and are major economic drivers in the areas they serve. Employers understand that without access to critical care and innovative healthcare systems retaining employees and recruitment to those areas is nearly impossible.

We support HB 2206 because it supports a critical delivery mechanism for innovative health services all across Kansas.

Sincerely,

Bruce Witt
KMBHC President

Blue Cross Newsletter

A Newsletter for Institutional Providers and their Staff Members

December 10, 2013

BC-13-26

MS-13-26

To: All Blue Cross Contracting Providers

From: Connie Winkley – Education/Communication Coordinator
Institutional Provider Relations
Blue Cross and Blue Shield of Kansas, Inc.
An Independent Licensee of the Blue Cross and Blue Shield Association

Subject: Telemedicine Guidelines

Telemedicine is the use of a telecommunications system that includes two-way voice and visual communication when used as a substitute for an in-person encounter (between provider and patient) for professional consultations, office visits, office psychiatry services, and a limited number of other physician services.

- Like outpatient clinic visits, the telemedicine service **must involve a physician's specialty that is not otherwise available in the community**. This includes services provided not only by a physician, but also by Mid-level practitioners (i.e. Physician Assistant, Advanced Practice Registered Nurse, Clinical Nurse Specialist, Clinical Psychologist and Clinical Social Worker).
- Telemedicine services for basic primary care services are not covered nor should they be billed to BCBSKS.
- All telemedicine-related systems and activities are to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended, and all other applicable state and federal laws and regulations

Originating Site:

The term "**originating site**" means the location of patient at the time the service being furnished via a telecommunications system. Acute care hospitals to include critical access hospitals (CAH) are considered to be eligible "originating sites". Additional originating sites include physician or practitioner offices, Rural Health Clinics, FQHCs, Skilled Nursing Facilities and Community Mental Health Centers.

Distant Site:

The term "**distant site**" means the site where the physician or practitioner, providing the professional service, is located at the time the service is provided via a telecommunications system.

Billing procedures:

Telemedicine services are billable **only** on outpatient claims. Originating site telemedicine services should be billed to BCBSKS on the UB04 claim form using the following guidelines:

- Type of bill 13X or 85X
- Bill the telemedicine services with one of the following revenue codes:
 1. Revenue Code 0780 – telemedicine general classification
 2. The revenue code center that identifies where the service was performed. For example, revenue code 0450 (emergency room), 0510 (clinic), or 0360 (operating room).
- HCPCS Q3014, telehealth originating site facility fee. (This HCPCS must be reported regardless of what

revenue code is used.)

- Additional services provided during the telemedicine encounter (e.g. laboratory, x-rays, etc.) are separately billable.

Reimbursement:

Originating site telemedicine services will be reimbursed a maximum allowable payment (MAP) assigned to HCPCS Q3014. The allowance for Q3014 will be the same as the MAP for outpatient clinic visits, revenue code 0510.

If you have questions regarding this newsletter, please contact your Institutional Provider Representative. Denny Hartman can be reached at 1-316-269-1602, Cindy Garrison at 1-785-291-8862 and Janne Adams-Denton at 1-785-291-8813.

cw

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association.
Blue Cross and Blue Shield of Kansas serves all counties in Kansas except Johnson and Wyandotte.
® Registered Trademarks of the Blue Cross Blue Shield Association.