



DECEMBER 2018

KMAP GENERAL BULLETIN 18265

Speech-Language and Audiology Services via Telemedicine

Effective with dates of service on and after January 1, 2019, provisions in the Kansas Telemedicine Act will allow speech-language pathologists and audiologists licensed by the Kansas Department for Aging and Disability Services (KDADS) to provide services via telemedicine. Services must be provided via real-time, interactive (synchronous) audio-video telecommunication equipment that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).

The speech-language pathologist or audiologist may furnish appropriate and medically necessary services within their scope of practice via telemedicine. As documented in related telemedicine policies, telemedicine claims at the distant site must contain place of service (POS) 02 (Telehealth distant site). Providers at the originating site may submit claims using code Q3014.

- Distant site means a site at which the healthcare provider is located while providing healthcare services by means of telemedicine.
- Originating site means a site at which a patient is located at the time healthcare services are provided by means of telemedicine. The facilitator at the originating site must have the appropriate skill set to safely assist the speech-language pathologist or audiologist to provide safe, effective, and medically necessary services via telemedicine.

The following codes are deemed appropriate to be furnished via telemedicine by the American Speech-Language and Hearing Association. Codes not appearing on the tables below are not covered via telemedicine.

Speech-Language Pathology Codes

G0515	92507	92508	92521	92522	92523	92524	92526
92605	92606	92618	92626	92627	92630	92633	96105
96110	96111	96125	97533				

Audiology Codes

92550	92561	92587	92551	92563	92601	92552	92565
92602	92553	92567	92603	92555	92568	92604	92556
92584	92625	92557	92585	92560	92586		

Note: Modifier GT is no longer required when billing telemedicine services. The appropriate manual updates will be made and notification will be sent.

Note: The effective date of the policy is January 1, 2019. 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.

For the changes resulting from this provider bulletin, view the updated *General Benefits Fee-for-Service Provider Manual*, Section 2710, pages 2-27 and 2-28; *Local Education Agency Fee-for-Service Provider Manual*, Section 8400, pages 8-7 and 8-8; and *Rehabilitative Therapy Fee-for-Service Provider Manual*, Section 8400, pages 8-4 and 8-5.

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KMAP

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