Payment Policy 238
Telehealth Service Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport by Molina Healthcare's (Passport) reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document may supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a state, the federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Policy Overview

As the use of telehealth expands across various care settings, including audio-video, audio-only, and asynchronous modalities, it is essential for providers to accurately code services to reflect the modality, patient location, and service type. Incorrect or inconsistent modifier use may result in claim denials, recoupments, or violations of regulatory requirements.

This policy will:

- Clarify the appropriate use of telehealth modifiers based on service type and setting.
- Align with CMS guidelines and state Medicaid requirements to ensure provider reimbursement accuracy.
- Minimize administrative burden and claim processing errors through standardized practices.
- Support audit readiness and prevent potential fraud, waste, and abuse related to telehealth billing.

This policy is intended for Kentucky Medicaid, and all telehealth modalities as follows:

- Synchronous (real-time audio-video or audio-only)
- Asynchronous (Store-and-forward, non-real-time)
- Remote Patient Monitoring when applicable

Reimbursement Guidelines

Reimbursement for telehealth services will be considered when services are delivered via audio and/or video, and is documented with a place of service (POS) code of 02 or 10. If a service is not covered in a face-to-face setting, it is also not covered if provided through telehealth. A service provided through telehealth is subject to the same program restrictions, limitations and coverage which exist for the service when not provided through telehealth. Passport reimburses Telehealth services of the equivalent in person service rate, unless a different rate is mutually agreed upon by a provider.

Coding Guidelines and Modifier Usage

Place of Service (POS) Codes

PI_238
Published Date: 08/21/2026
MHKY 4682 APP 08/13/2026
Effective Date(s): 09/21/2026

Use of incorrect POS on the claim may lead to underpayment or claim denial.

POS Code	Description
02	Telehealth provided other than in the patient's home • Use POS 02 when services occur in another remote location (e.g., school, workplace).
10	Telehealth provided in the patient's home • Use POS 10 to identify services rendered when the patient is at home.

Place of Service (POS) Codes and Originating Site vs Distant Site

CMS defines originating site as the patient location and defines distant site as the clinician location.

The clinician's biller, or the professional/distant biller uses the location of the patient to determine whether to bill place of service 02 or 10.

HCPCS code Q3014 and the Originating Site Facility Fee

HCPCS Q3014 is the telehealth originating-site facility fee, paid to approved healthcare facilities that host a telehealth encounter when the patient is physically present at the site. This code reimburses the facility for providing the space, equipment, and staff support needed to conduct a secure and compliant telehealth session. The intent of Q3014 is to help patients in rural or underserved regions access care without traveling long distances.

Facilities may submit Q3014 when all of the following conditions are met:

- Approved Facility Type:
  - The site is an eligible Medicare originating-site facility (e.g., hospital, physician office, RHC, FQHC, etc.) that furnishes the required telehealth infrastructure and on-site support.
- Patient Present at the Site:
  - The patient is physically located at the originating site during the telehealth encounter.

Q3014 cannot be reimbursed under the following situations:

- The patient receives telehealth from home or another non-approved originating site.
- The billing provider is the distant site practitioner rendering professional services.
- The same entity bills for both the originating site facility fee and the professional telehealth service for the same encounter.
- There is no qualifying originating site service billed.

Billing and Documentation Requirements

- Q3014 must be billed by the **originating site facility** on an appropriate claim form (CMS-1500 or UB-04, as applicable).
- Documentation must support:
  - The **member's physical presence** at the originating site
  - The use of **telehealth technology**
  - The originating site's role in facilitating the encounter

Telehealth Transmission Costs

PI_238
Published Date: 08/21/2026
MHKY 4682 APP 08/13/2026
Effective Date(s): 09/21/2026

Passport by Molina Healthcare follows CMS guidance which states that Medicare does not provide separate reimbursement for telehealth transmission costs.

Telehealth Modifier Requirements

Telehealth Modifier Requirements Modifier	Description
95	Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system. Applicable Service Type: Audio-video.
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system. Applicable Service Type: Audio-only.

Note: Modifier use must align with the POS code and the patient's modality of interaction.

- Passport by Molina Healthcare (Passport) requires the usage of Telehealth modifiers 93 or 95 (with POS 02/10).
    - Passport does not accept any other Telehealth modifiers aside from modifiers 93 and 95.

Modifier Requirement Exception

- The 98000 series CPT codes are inherently defined as telehealth services and, as such, do not require the use of a telehealth modifier. The method in which the service is delivered (i.e. audio only or audio video) is built into the code definition itself.
- Providers should ensure that documentation supports the level and type of service rendered in accordance with applicable billing and coverage guidelines.

Audit and Recovery Process:

- **Review:** Claims will be meticulously examined against Passport by Molina Healthcare's standards.
- **Discrepancy Identification:** Any inconsistencies or errors identified will be documented.
- **Recovery:** Overpayments due to inaccuracies will be recovered either by offsetting from future payments or through direct refund requests.
- **Appeals:** Providers reserve the right to contest any claim adjustments or denials. Details of the appeal process will accompany the notification.

Policy Monitoring, Review, and Updates:

The policy will undergo annual reviews or as required, ensuring its alignment with industry best practices, regulatory mandates, and Passport by Molina Healthcare's operational necessities. Any updates will be promptly communicated to providers.

Supplemental Information

Please note, Passport has followed and enforced these guidelines, in accordance with applicable regulations, since inception on January 1, 2021. For this specific policy, the publication date is merely the date the policy was formally memorialized.

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
Asynchronous	A "store-and-forward," is often used for patient intake or follow-up care. Providers review information sent by the patient to diagnose and treat an issue and include communication through patient portals, imaging, or secure messaging.
Distant Site	The site at which the physician or other qualified healthcare professional delivering the telehealth service is located at the time the service is provided. It is the "origin" of the professional service, even though the patient is at a different location.
Originating Site	The location of the patient at the time they receive a telehealth service. It's the opposite of the distant site, which is where the provider is located.
POS 02	Telehealth Provided Other than in Patient's Home: The location where you provide health services and health-related services, through telecommunication technology. The patient isn't located in their home when receiving health services or health-related services through telecommunication technology.
POS 10	Telehealth Provided in Patient's Home: The location where you provide health services and health-related services through telecommunication technology. The patient is in their home (which is a location other than a hospital or other facility where the patient gets care in a private residence) when receiving health services or health-related services through telecommunication technology.
Synchronous	Real-time audio-video or audio-only. Providers and patients communicate directly by live video or audio.
Telehealth	The use of interactive, secure, real-time audio and/or video telecommunications technology to deliver healthcare services when the patient and the provider are in different physical locations. It is intended to improve access to care, maintain quality standards, and allow for the exchange of medical information necessary for diagnosis, treatment, or follow-up.
Telepresenter	The healthcare practitioner present with patient at an Originating Site.

Documentation History

Type	Date	Action
Effective Date	9/21/2026	New Policy
Revised Date		

Coding

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes that are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Passport by Molina Healthcare adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are

copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. When improper billing and coding are not followed, Passport by Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport reserves the right to revise this policy as needed.

References

1. Current Procedural Terminology (CPT) Manual
2. CMS: MLN Booklet: Telehealth & Remote Patient Monitoring MLN901705 - Telehealth & Remote Patient Monitoring
3. Healthcare Common Procedure Coding System (HCPCS) Manual
4. Kentucky Medicaid
    a. 900 Chapter 12 Regulation 005 – Telehealth Terminology and Requirements. Title 900 Chapter 12 Regulation 005 • Kentucky Administrative Regulations • Legislative Research Commission
    b. 907 Chapter 01 Regulation 055 – Payment for primary care center, federally-qualified health center, federally-qualified health center look-alike, and rural health clinic services. https://apps.legislature.ky.gov/law/kar/titles/907/001/055/
    c. 907 Chapter 03 Regulation 170 – Telehealth service coverage and reimbursement. https://apps.legislature.ky.gov/law/kar/titles/907/003/170/
    d. Statute 205.559 – Requirements for Medicaid reimbursement to participating providers for telehealth consultations – Reimbursement for rural health clinics, federally qualified health centers, and federally qualified health centers look-alikes—Location in state not required if provider offers services exclusively by telehealth – Audio only encounters. https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=54178
    e. Statute 205.5591 – Medicaid providers using telehealth. Duties of cabinet, Department for Medicaid Services, and managed care organizations -- Administrative regulations -- Policies and guidelines. https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52665

This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.

PI_238
Published Date: 08/21/2026
MHKY 4682 APP 08/13/2026
Effective Date(s): 09/21/2026