

REIMBURSEMENT REQUIREMENT ON TELEMEDICINE

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REIMBURSEMENT REQUIREMENTS

- Reimbursement for telemedicine services is dependent on the documentation, billing and codes (payer specific), state licensing and/or organization-specific documentation requirements.
- Organizations must implement solid policies and procedures that streamline the revenue cycle processes and result in accurate and timely payments.

REIMBURSEMENT REQUIREMENTS

1. Record Content: Reimbursement For Telemedicine Services
2. Reimbursement References

1. RECORD CONTENT: REIMBURSEMENT FOR TELEMEDICINE SERVICES

- CMS allows for reimbursement for telemedicine at the same rates as face-to-face encounters so long as the telemedicine encounter meets the same documentation standards.
- Below is a list of recommendations for documenting telemedicine encounters for accurate reimbursement payments:
 1. Providers must document all encounters/ services within the medical record and provide that documentation to the originating site when applicable. Providers should document:
 - a. That the visit occurred via telemedicine
 - b. The physical location of the patient
 - c. The physical location of the provider
 - d. The names of all persons participating in the telemedicine service and their role in the encounter

1. RECORD CONTENT: REIMBURSEMENT FOR TELEMEDICINE SERVICES

2. In the virtual environment, Level 3 and 4 reimbursements must be based on time rather than physical examinations
 - ✓ Providers should document the length of time of the consultation visit and should note that more than 50 percent of the encounter was spent counseling/coordinating care
 - ◆ Documentation should include: differential diagnosis, active diagnosis, prognosis, risks, benefits of treatment, instruction, compliance, risk reduction, and coordination of care with other providers

1. RECORD CONTENT: REIMBURSEMENT FOR TELEMEDICINE SERVICES

3. Telemedicine provider assessments should:
 - a. Include 4+ history of present illnesses (HPI)
 - b. Include 10+ complete review of systems (ROS)
 - c. Include all 3 past, family, and social history (PFSH)
 - d. The names of all persons participating in the telemedicine service and their role in the encounter
4. Documentation on telemedicine orders should include:
 - a. Review/Order of clinical lab tests
 - b. Review/Order of radiographs
 - c. Review/Order of medical tests (PFTs, ECK, Echo, Cath)
 - d. Review/Summary of old records
5. Documentation should include a statement of risk (most patients will meet a “moderate risk”)

2. REIMBURSEMENT REFERENCES

- Reimbursement and fee schedules for telemedicine services varies between insurance payers, location of provider, and location of patient.
- Organizations should research the reimbursement rates and policies of federal, state, and local insurance providers to develop best-practices for accurate claims submissions

BELOW IS A LIST OF REFERENCES FOR REIMBURSEMENT:

CMS

CMS Telehealth Information : CMS Telehealth Resources

Covered Telehealth Services : Covered Telehealth Services

Other CMS Criteria:

- Submitting a Request
- Request for Addition
- CMS Criteria for Submitted Requests
- Review
- Deletion of Services
- Changes
- Adding Services
- List of Telehealth Services

BELOW IS A LIST OF REFERENCES FOR REIMBURSEMENT:

Medicare Learning Network:

- Medicare Learning Network- Telehealth

American Hospital Association (AHA)

- The Promise of Telehealth For Hospitals, Health Systems, and Their Communities

BELOW IS A LIST OF REFERENCES FOR REIMBURSEMENT:

Insurance Companies and Managed Care

- Center for Connected Health Policy, the National Telehealth Policy Resource Center: State Telehealth Laws and Reimbursement Policies, A Comprehensive Scan of the 50 States and District of Columbia
- Center for Connected Health Policy, the National Telehealth Policy Resource Center: <http://www.cchpca.org/>
- Modern Healthcare: Virtual reality: More insurers are embracing telehealth
- National Conference of State Legislatures: State Coverage for Telehealth Services

BELOW IS A LIST OF REFERENCES FOR REIMBURSEMENT:

Local Medical Review Policies and Medical Necessity

Local medical review policies and medical necessity issues should also be addressed.

Example:

Noridian Healthcare Solutions, Jurisdiction F—Medicare Part B. Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming. Resources:

- CMS Medicare Learning Network (MLN) Telehealth Services
- CMS MLN Matters (MM) 9034—MPFS 2015 Policies—Final Rule and Telehealth Originating Site Facility Fee Payment Amount
- CMS Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 270
- CMS IOM, Publication 100-4, Medicare Claim Processing Manual, Chapter 12, Section 190