

### **Telemedicine Attestation Form**

#### Terms and Conditions for Recognition as a Telemedicine Provider

This Telemedicine Attestation must be submitted to QualChoice in order to be reimbursed for telemedicine services.

Telemedicine is the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. It includes store and forward technology and remote patient monitoring. Store and forward technology is the asynchronous transmission of a patient's medical information from a healthcare professional at an originating site to a healthcare professional at the distant site.

Use of audio-only communication, including without limitation interactive audio, a facsimile transmission, text messaging or electronic mail is not considered a telemedicine service.

Benefits are provided for telemedicine services when meeting the definition of Telemedicine in the QualChoice Medical Policy (BI 529) and when provided in accordance with the guidelines as outlined. Initials next to the specific policy requirements (below) indicate understanding of and adherence to these guidelines. Random or targeted audits may be performed to verify adherence. Deductibles, copayments or coinsurances will apply to telemedicine services the same as face-to-face diagnosis, consultation or treatment services.

#### **Definitions:**

<u>Asynchronous:</u> A term used to describe store and forward transmission of medical images or information, because the transmission typically occurs in one direction at a time. An example would be sending a photograph to a specialist, who will subsequently provide an interpretation to the sender.

<u>Distant Site:</u> The Distant Site is defined as the site where the healthcare professional is physically located during an encounter with a patient who is at the Originating Site.

<u>Healthcare Professional:</u> Healthcare Professional means a person who is licensed, certified or otherwise authorized by the laws of Arkansas to administer healthcare in the ordinary course of the practice of his or her profession.

<u>Originating Site:</u> The Originating Site is defined as any location where the patient is located during the provision of telemedicine services.

<u>Presenter:</u> Telemedicine encounters require the Distant Site provider to perform an exam of a patient from many miles away. A Presenter may be available at the Originating Site to orient the patient, operate equipment, problem solve and gather data.

Remote Patient Monitoring: Remote Patient Monitoring means the use of synchronous or asynchronous electronic information and communication technology to collect personal health information and medical data from a patient at an Originating Site that is transmitted to a healthcare professional at a Distant Site for use in the treatment and management of medical conditions that require frequent monitoring.

<u>Synchronous:</u> A term used to describe interactive video connections, indicating that the transmission of information in both directions is occurring at the same time (synchronously).

#### **Coding Guidelines:**

The provider at the Distant Site must submit claims for telemedicine services using the appropriate CPT or HCPCS code for the professional service delivered, along with the telemedicine modifier GT or 95 (Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System). The provider must also use Place of Service 02 (Telemedicine Distant Site) when billing CPT codes with a modifier GT or 95. Modifier GT or 95 may be appended to the following CPT codes: 99201-99204, 99211-99214, 90791-90840, 90951-90952, 90954-90955, 90957-90958, 90960-90961. The Originating Site must submit claims for the facility for telemedicine services using HCPCS code Q3014, (Telehealth Originating Site facility fee). Code Q3014 (Telehealth Originating Site facility fee) must be submitted for the same date of service as the professional code and it must indicate the physical location of the facility where the member was at the time of the telemedicine encounter.

The claim for Q3014 should name a provider who is responsible for care of the member at the Originating Site rather than the name of a facility. However, this provider is not required to be present in the Originating Site at the time of the visit. For telemedicine visits where the Originating Site is in the hospital setting, the claim may be submitted as an outpatient hospital claim using revenue code 0780 (Telehealth site fee). All other Originating Sites must file claims for Q3014 using the CMS-1500 claim form. For inpatient services, Q3014 is not separately reimbursable.



# **Telemedicine Attestation Form**

## Terms and Conditions for Recognition as a Telemedicine Provider

| Attestation:  |  |   |   |
|---|--|---|---|
| I   | _ (print name), making applic<br>_ (Originating Site or Distant :<br>.d herein_having full power a   | Site name), warrant a   | and represent that I am an  |
| behalf, and to bind the Originating Site or Distant Site identification. Both I and the Originating Site or Distant Site identification is being made that the Originating Site or Distant Site identification is being made that the Originating Site or recognition is being made that the Originating Site conditions as outlined above. In the event the Origination in the requirements and/or terms and conditions outling immediate notification in writing to each network-sp | e to the commitments, repre<br>ed herein warrant and repre<br>hose that are self-funded by<br>te or Distant Site meets all th<br>ating Site or Distant Site fails<br>ned above, the Originating Si | esentations and warra<br>sent to all health plan<br>the sponsoring empl<br>se requirements and for<br>to maintain ongoing | anties herein expressed.  ns administered by loyer to which application fulfills all terms and g compliance with any of |
| All clinical records of telemedicine encounters cor<br>in addition, the location of the Originating Site ar<br>recorded in the note. <b>Attestation Initials:</b>   | nd Distant Site, along with th   |   | •   |
| 2. For visits which include a physical exam, the equi otoscope, etc. giving a diagnostic-quality signal to exam supplements the examination and relays the  | o the provider) OR a qualifie  | d, licensed person ca   | pable of performing the   |
| 3. Data transmission is accomplished using a HIPAA to permit adequate interaction with the patient a maintain a log of connections, with time, date, as   | and assessment of behaviora  | al and physical feature   |   |
| 4. The Distant Site provider is licensed as required to allopathic or osteopathic physician, except in the provider must be a licensed clinical social worker Practitioners or Clinical Nurse Specialists or a lice   | e case of behavioral health/m<br>r, licensed psychologist, licen   | nental health services sed professional coul  | s, in which case, the<br>nselor, Certified Nurse  |
| 5. The provider at the Distant Site and the provider of for providing Telemedicine services by a nationally Association or Arkansas eLink. Telemedicine has spocumentation of telemedicine training/certificates.   | y or locally recognized organize pecial clinical considerations  | zation, such as The An<br>that are different thar   | nerican Telemedicine<br>n face to face encounters.  |
| Name (Printed):   | Signed this  | day of  | , 20  |
| Signature:  | Witness Signature  | :   |   |