

Other Considerations

Can I bill for telemedicine consultations services or encounters, and if so how?

In many instances, reimbursement for telemedicine consultations can be equivalent to what is received for a face-to-face visit. Medicare allows billing for a limited set of live, interactive telemedicine services when the patient resides in a rural area, but will not reimburse for store-and-forward consultations. Other payors have different rules about reimbursement and different billing requirements. The rules vary considerably by both state and health insurance policy.

(Telehealth Resource Center. (n.d.). Retrieved October 25, 2017, from <https://www.telehealthresourcecenter.org/toolbox-module/billing>)

What needs to be done after a consultation is completed?

The consultation process is not complete when the specialist finishes the encounter with the patient. A number of tasks must be completed including documentation of the encounter for clinical and billing purposes, follow-up with the patient and/or referring physician, protection of the privacy and confidentiality of the patient's medical information and helping the patient to understand any next steps that are recommended. (Telehealth Resource Center. (n.d.). Retrieved October 25, 2017, from <https://www.telehealthresourcecenter.org/toolbox-module/after-visit>)

What needs to be done to follow-up on the consultation?

The telemedicine presenter should have recorded during the course of the consult any suggested diagnoses, recommended diagnostic tests, recommended treatments or other actions, such as arranging an in-person visit with the specialist that need to be taken. The presenter should document this information and discuss it with the patient to make sure that the patient understands what he or she is supposed to do next. The presenter also should transmit any relevant instructions and information from the specialist to the referring physician and arrange for any local testing or treatment that is needed. Finally, the presenter should document the encounter for the purposes of billing for the facility fee and should make sure that all patient documentation is properly stored or discarded in order to comply with HIPAA regulations. Staff at the provider site also need to be aware of HIPAA concerns and should make sure that all printed information transmitted to the specialist as part of the consultation are either properly filed or destroyed. (Telehealth Resource Center. (n.d.). Retrieved October 25, 2017, from <https://www.telehealthresourcecenter.org/toolbox-module/after-visit>)

What information needs to be sent to the specialist?

Under typical circumstances, everything needed by a specialist for evaluation of the patient and making recommendations is transmitted either before or during the encounter. In addition, as part of the registration process, all of the necessary information for billing including patient identifying information and insurance coverage should have been collected. Only if the specialist asks for test results or other sorts of feedback on the patient's condition will there be a need to send information after the conclusion of the encounter. (Telehealth Resource Center. (n.d.). Retrieved October 25, 2017, from <https://www.telehealthresourcecenter.org/toolbox-module/after-visit>)

What should be provided to the patient?

No special documentation is required to be universally provided to the patient as a result of engaging in a telemedicine consultation. However, the protocol for the specific specialty service may have additional requirements, such as patient education materials that are supposed to be distributed. (Telehealth Resource Center. (n.d.). Retrieved October 25, 2017, from <https://www.telehealthresourcecenter.org/toolbox-module/after-visit>)

What should be provided to the referring physician?

Normally, the remote site staff should relay any information to the referring physician that is specified by the specialist consultant. Subsequently, if the consultant's report is delivered to the remote site, it should also be forwarded to the referring physician. Ultimately, the referring physician is the person who has local responsibility for the patient and needs to have complete medical information for that patient to make the best decisions for his or her continued care. (Telehealth Resource Center. (n.d.). Retrieved October 25, 2017, from <https://www.telehealthresourcecenter.org/toolbox-module/after-visit>)

What kinds of facilities are required for specialty consultations?

Careful consideration should be given to selecting a facility. These consultations are virtual office visits and so the many concerns that apply to the facility for face-to-face visits also apply to telemedicine consults. These concerns include privacy, comfort and utility. In addition, several considerations exist that are unique to telemedicine consults. For live, interactive consultations, the environment needs to be designed to enhance the quality of the video and audio interactions and to accommodate the equipment that might not normally be in an examination room. (Telehealth Resource Center. (n.d.). Retrieved October 25, 2017, from <https://www.telehealthresourcecenter.org/toolbox-module/facilities-provider-site>)

What is the space needed for the provider if they are interacting with patients on a real-time?

Typically, a provider can use space equivalent to a small office for live, interactive telemedicine consultations. This can be the provider's office or a room specifically designated for this purpose. Such space is often equipped with a desk and video equipment (camera and screen) located on the other side of the desk at a distance of about 5-6 feet from the provider. The center of the monitor should be located just about eye level with the camera sitting slightly above the unit to make it appear to the patient that the provider is looking at them when he or she is looking at the screen. Supplemental lighting is important because the typical office has overhead fluorescent lights that cast distracting shadows. If possible, soft, indirect incandescent lighting behind or slightly above the monitor to highlight the face of the provider is best. (Telehealth Resource Center. (n.d.). Retrieved October 25, 2017, from <https://www.telehealthresourcecenter.org/toolbox-module/facilities-provider-site>)

How do I assure privacy of the encounter?

Patient privacy is a major concern just as it is in face-to-face encounters. A good way to ensure privacy is to use a room, such as the one described above, without windows and a door that can be closed to eliminate eavesdropping. If for some reason the room does have a window, the camera and monitor should face away from that window. (Telehealth Resource Center. (n.d.). Retrieved October 25, 2017, from <https://www.telehealthresourcecenter.org/toolbox-module/facilities-provider-site>)

Additional Resources

- American Telemedicine Association, *Practice Guidelines for Live, On Demand Primary and Urgent Care*, December 2014.
- American Telemedicine Association, *Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions*, May 2014.
- See WyTN website *Resources* Webpage, (<http://www.uwyo.edu/wind/wytn/resources.html>).