



TELEMEDICINE POLICY AND PROCEDURE

I. POLICY/CRITERIA

A. Evaluation, management and consultation services using synchronous technologies may be considered medically necessary when all of the following conditions apply:

1. The patient must be present at the time of consultation and
2. The consultation must take place via an interactive audio and/or video telecommunications system and the provider must be able to examine the patient in real-time. Interactive telecommunications systems must be multi-media communication that, at a minimum, include audio equipment permitting real-time consultation with the patient and the consulting practitioner and
3. A permanent record of telemedicine communications relevant to the ongoing medical care of the patient should be maintained as part of the patient's medical record and
 - a. name of consulting healthcare provider
 - b. any procedures/assessments completed by the facility staff. i.e. vital signs, use of the exam camera
 - c. any pictures obtained and the appropriate consent form
 - d. any information received from other facilities regarding patients
 - e. any verbal orders
 - f. the healthcare provider will document any quality of the video issues occurring during the consult.
 - f. members present in the room during the consult
 - g. discharge instructions will be provided to all telemedicine consultation as given by the consulting physician.
 - h. follow- up care such as diagnostic testing will be scheduled as appropriate.
 - i. if a patient fails to present for a consultation, the referring physician will be notified.
4. Services delivered through a telemedicine modality shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located and
5. Appropriate informed consent is obtained which includes all of the information that applies to routine office visits as well as a description of the potential risks, consequences and benefits of telemedicine.

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6. A Telemedicine Consent form will be signed by the patient or legal representative prior to the use of telemedicine and will be added to the medical record.

INFORMED CONSENT

a. The patient will be informed of the risk, alternatives and benefits of a telemedicine consult.

b. A Telemedicine Consent form will be signed prior to the first consult and according to the facility's policy

c. A copy of the Telemedicine consent form will be ~~faxed~~ securely transmitted to the consulting physician for inclusion in their medical record

PATIENT RIGHTS

a. The telemedicine staff will comply with the facility's policies on patient rights.

b. The patient has a right to refuse a consultation via telemedicine.

c. The patient has the right to stop participating in a telemedicine consultation at any time.

7. Medical Record's policies for the release of patient information applies to all telemedicine records.

B. CONFIDENTIALITY/PRIVACY

1. All reasonable efforts will be made to maintain patient confidentiality.

2. The patient record will be handled according to established medical records policies.

3. The consultation room should be set up to promote visual and auditory privacy.

4. Consultations/procedures will not be video recorded except for the following

a. cases of possible abuse (refer to state law)

b. special request by the healthcare provider will be considered on an individual basis and determination made by the impact on the quality of patient care.

c. If a consult is to be videotaped, a consent for videotaping will be obtained prior to the event. When the tapes are used for research and/or education all patient identifiers will be hidden or removed.

d. Exceptions to this would be as governed by State or Federal laws such as in cases of child abuse.

C. Evaluation, management and consultation services using asynchronous technologies (any type of online patient-provider consultation where electronic information is

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exchanged involving the transmission via secure servers) may be covered when all of the criteria are met:

1. Services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located and
2. The extent of services provided via telemedicine modality includes at least a problem focused history and straight forward medical decision making as defined by the CPT manual, and
3. Telemonitoring (the use of information technology to monitor patients at a distance)

Patients excluded from telemonitoring include patients who:

- a. Refuse or are unwilling
- b. Are unable to self actuate or have no caregiver available to assist in use
- c. Are enrolled in hospice services
- d. Receive high frequency (greater than 3 times per week) clinical interventions

D. The following services are not covered as telemedicine services:

1. Facsimile transmission
2. Installation or maintenance of any telecommunication devices or systems
3. Software or other applications for management of acute or chronic disease
4. Store and Forward telecommunication (transferring data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation)
5. Provider-to-provider consultations when the patient is not present
6. Radiology interpretations
7. Provider-initiated e-mail
8. Appointment scheduling
9. Refilling or renewing existing prescriptions without substantial change in clinical situation
10. Scheduling diagnostic tests
11. Reporting normal test results
12. Updating patient information
13. Providing educational materials
14. Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up

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15. Brief discussion to confirm stability of the patient's chronic condition without change in current treatment
16. When information is exchanged and further evaluation is required such that the patient is subsequently advised to seek face to face care within 48 hours
17. A service that would similarly not be charged for in a regular office visit
18. Reminders of scheduled office visits
19. Requests for a referral
20. Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
21. Clarification of simple instructions

Telemedicine services are subject to all terms and conditions of the patient's plan documents, including, but not limited to, required copayments, coinsurances, deductibles, and approved amount.

Disclaimer

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage.

Eligibility and benefit coverage are determined in accordance with the terms of the patient's plan in effect as of the date services are rendered. Medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, John W. Alchemy, MD, A Medical Corporation dba Impairment Rating Specialists reserves the right to review and update its medical policies at its discretion. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

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TELEMEDICINE CONSENT FORM

I would like to participate in the telemedicine services from Impairment Rating Specialists. I hereby attest that I understand the following:

- The risks, alternative and benefits of telemedicine have been provided.
- I have been offered a printed policy of the telemedicine policies and procedures, which are also available at www.pr4report.com/telemedicine and agree to the terms of use.
- I have the right to refuse, stop participating in telemedicine services at any time.
- All reasonable efforts will be made to keep my personal information protected.
- I understand I may call the clinic at any time if I have questions or concerns about the telemedicine service.

Patient Name (Printed): _____

Signature: _____

Date: _____

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