



Understanding Medicare Telemedicine Billing Guidelines

Webinar T5019

Thursday, February 22, 2018
12:30 p.m. – 1:30 p.m. (CST)

Overview

Offering telemedicine services can be very lucrative to your organization. Offering services to patients in rural locations can also prove to be very beneficial to patients that would not otherwise be able to visit your office. Medicare and other payers have expanded the types of services that may be provided to beneficiaries through the use of interactive audio and video telecommunications systems. A variety of states have also passed laws related to the provision of services via telehealth and telemedicine.

During this session, we will delve into the telemedicine and telehealth billing guidelines and give you actionable tools to aid you in billing for these services.

Target Audience

Compliance Officers, Administrators, COOs, Medical Staff, Medical Coders, Medical Billers, Coding Consultants, Medical Coding Auditors, Practice Managers, Office Managers, Billing Managers and others involved in the revenue cycle management process at health care institutions

Objectives

At the conclusion of this session, participants will be able to:

1. Discuss telemedicine, telehealth and associated terminology
2. Identify Medicare guidelines for documenting and billing for telemedicine services
3. Discuss telemedicine equipment requirements
4. List the types of providers that may offer telemedicine services to Medicare beneficiaries
5. Define the acceptable "originating site" locations
6. Explain the telehealth waiver process
7. Discuss telehealth billing concerns

Faculty

Catrena Smith, CCS, CCS-P, CPC, CPC-I, CRC, CHTS-PW has over 17 years' experience in the health information management industry. She is currently the president of Access Quality Coding and Consulting, LLC located in Orange Park, Florida. She has served in many roles such as coding specialist, coding auditor, coding trainer, medical records technician and coding manager. Catrena is a certified professional coding instructor and conducts numerous educational sessions annually.

Certificates of Attendance

Certificates of Attendance will be issued to all registrants. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for recorded sessions.

Registration

\$175 for AHA Member Hospitals

Registration includes **one** internet connection and **one** telephone connection at **one** location, although there can be an unlimited number of participants from your organization in that **one** listening room.

Two days prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received an e-mail with instructions ([via the e-mail provided on the registration form](#)) or if you are unable to download or open presentation materials, at least two business days prior to the event, please contact Anna Sroczynski at (501) 224-7878 or asroczynski@arkhospitals.org. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Fax cancellation/refund requests to the Education Department at (501) 224-0519.

REGISTRATION FORM

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Registration Fee

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Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

Name and Title of Contact Person _____

Organization _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Method of Payment

Check in the amount of \$_____ payable to the Arkansas Hospital Association is enclosed.

Credit Card # _____ Visa MasterCard *(AmEx and Discover Not Accepted)*

Cardholder's Billing Address (including zip code) _____

Expiration Date _____ CVV _____ Name on Card _____

Signature _____ Card Holder's Phone # _____

Mail form and payment to

Education Department, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205; phone: (501) 224-7878; or fax form with credit card information to (501) 224-0519.