

Telemedicine (Telehealth) Services Quality Assurance Checklist			
Review Period: 2022-2023		Date:	
Student:		Medicaid #:	
District:		Reviewer:	
Provider (Staff Name):		Provider (Staff Name):	
Supervisor:		Supervisor:	
CONSENT(S)		MET	COMMENTS/RECOMMENDATIONS
Reference - LEA Manual, Part I, Chapter 6: Reporting Documentation – Record Maintenance			
1.1	Is there a General Consent form signed and dated (electronically or handwritten) by the student's parent or guardian authorizing treatment?		
1.2	Is there a Release of Information form signed and dated (electronically or handwritten) by the student, student's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student, signed, and dated?		
1.3	Is there a Consent for Release of Education Records and Confidential Information form signed (electronically or handwritten) by the parent allowing the district to release medical and other personally identifiable and confidential information to the healthcare provider?		
REFERRAL FOR TREATMENT		MET	COMMENTS/RECOMMENDATIONS
Reference - LEA Manual, Part I, Chapter 4: Covered Services and Definitions – Telemedicine; Chapter 6: Reporting/Documentation; Physicians Services Manual, Chapter 3: Covered Services and Definitions – Telemedicine (Telehealth).			
2.1	Is there a written referral form for the service being rendered via telemedicine that is signed and dated (electronically or handwritten) by an appropriately credentialed/qualified staff?		
2.2	Are the telemedicine services presented from a referring site (e.g., public school) located in the SC Medicaid Service Area (SCMSA)?		

EVALUATION		MET	
Reference - LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Records and Release of Information and Telehealth; Physician Services Provider Manual, Chapter 3: Covered Services and Definitions.			
3.1	Did the provider evaluate the beneficiary, determine the need for a consultation (i.e., medical necessity), and arranged the telemedicine services of the consulting provider for the purpose of consultation, diagnosis and/or treatment?		
CLINICAL SERVICE NOTE (CSN) DOCUMENTATION		MET	
Reference – LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Records and Release of Information; Physicians Services Provider Manual, Chapter 5: Telehealth; Physician Services Provider Manual, Chapter 3: Covered Services and Definitions.			
4.1	Was an eligible service (i.e., inpatient consultation, office or other OP visit, individual psychotherapy, pharmacologic management, neurobehavioral status examination, electrocardiogram (EKG) interpretation and report only, echocardiography and psychiatric diagnostic interview examinations and testing) provided by the consulting site via a telecommunication system to which the district submitted a claim for “facility fee” reimbursement?		
4.2	Is there documentation in the medical record to substantiate the facility fee reimbursed (i.e., consulting site’s documentation which references the school’s name as referral/patient location)?		
4.3	Was an appropriate certified or licensed health care professional present (patient site presenter) at the referring site to present the beneficiary to the physician or practitioner at the consulting site and remained available as clinically appropriate?		
4.4	Is there a completed CSN/service documentation from the provider (i.e., consulting site) in the student’s file?		
4.5	Does the documentation indicate the service(s) was rendered via telemedicine?		
4.6	Is the student’s name, provider, school, or location of the referring and/or consulting		

	site information listed on the CSN/service documentation?		
4.7	Does the CSN reflect the beneficiary was present and participated in the telemedicine visit?		
4.8	Was the medical care individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's need?		
4.9	If treatment was changed, was the treatment plan updated?		
4.10	An electronic communication system which includes audio and video telecommunication that is Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant is used which permits interactive communication between the physician or practitioner at the consultant site and the beneficiary at the referring site.		
4.11	Reimbursement (i.e., facility fee) was not sought for the following interactions: <ul style="list-style-type: none"> • Telephone conversations • Email messages • Video cell phone interactions • Facsimile transmissions • Services provided by allied health professionals 		
PERSONNEL RECORDS		MET	COMMENTS/RECOMMENDATIONS
Reference – Provider Administrative and Billing Manual, Chapter 1: General Information and Administration – Verification of Provider License – Certifications and/or Credentials			
5.1	Were the staff credentials checked via the SCLLR website and printed with date stamp during the school year in review? (Copies must be stored in the credential file or student's file).		
5.2	Were staff credentials checked via the SCDHHS OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or the student's file.)		
5.3	Were the staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be store in the credential file or student's file.)		

CLINICAL RECORDS AND MAINTENANCE		MET	COMMENTS/RECOMMENDATIONS
Reference - LEA Manual, Part I, Chapter 6: Reporting/Documentation – Record Maintenance			
6.1	Is the documentation typed or legibly handwritten?		
6.2	Are errors corrected according to Medicaid policy and procedures (i.e., draw one line through the error, enter the correction and add signature/initials and date next to the correction)?		
6.3	Is there an abbreviation key available and on file?		
6.4	Is there a signature sheet available that identifies the staff's name, signature, and initials in the file?		