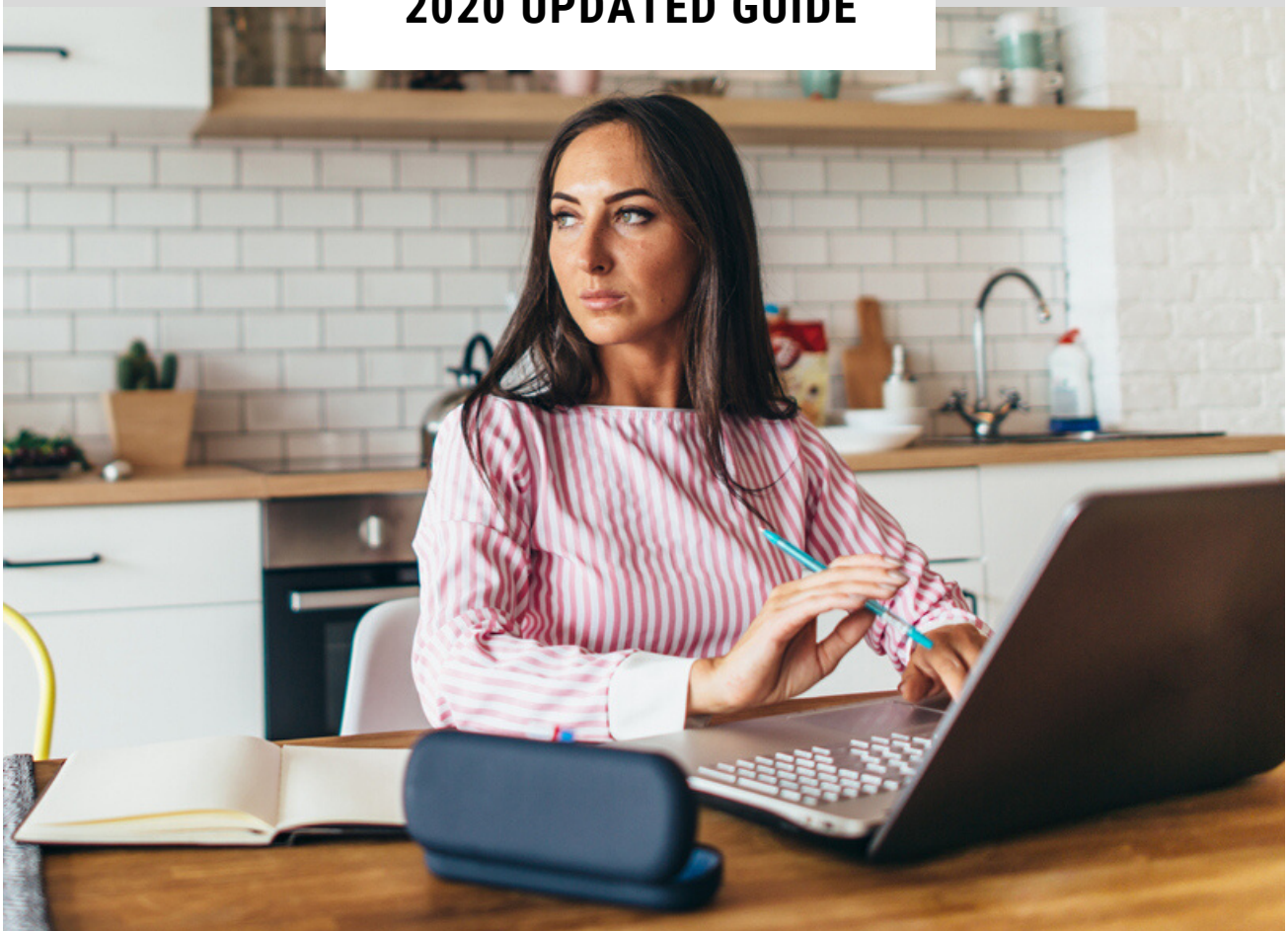


SUBMITTING CLAIMS

2020 UPDATED GUIDE

2020 UPDATED GUIDE



INCLUDES:

A Guide to Submitting Teledermatology Insurance Claims
Commercial and Medicare Claims Forms
Frequently Asked Questions

DermatologistOnCall®

HOW TO SUBMIT A CLAIM

For Reimbursement of Teledermatology Services

AS SOON AS YOU FINISH YOUR VISIT

Fill out one of the forms in this packet.



Depending on your coverage, use the Commercial or Medicare form found in this packet to submit your claim to your carrier. You can submit your claim online, by fax, or by mail, depending on your carrier.

GATHER ALL DOCUMENTS FOR SUBMISSION



Download your treatment plan from the portal.

Your insurance carrier will need a health care claim form, your treatment plan, and receipt for services to process your reimbursement.

SUBMIT IN A TIMELY MANNER

Timelines are in effect.



Carriers have varying timelines. You may not be reimbursed if you miss the deadline. If you have questions, contact your benefits coordinator or carrier. If you are a Medicare beneficiary you may call 1-800-MEDICARE.

DO NOT DOUBLE DIP

FSA/HSA or Reimbursement - not both.



You may not submit your claim to your insurance company if you have used a flex spending account or health savings account to pay for your visit.

DermatologistOnCall®

HEALTH CARE CLAIM FORM

Use only for Commerical Reimbursement Request

FAX or Mail to: Your Insurance Carrier

For additional information, please contact your health plan administrator.

SECTION 1: PATIENT AND INSURANCE INFORMATION

Patient Name (Last, First, Middle Initial)

Date of Birth

Service provided via DermatologistOnCall teledermatology platform

Provider Name: _____ CPT: 99422-GQ (Teledermatology and Asynchronous Services)

Name on Insurance

Insurance ID number

Date of Birth (if different from Patient name)

SECTION 2: YOUR HEALTH CARE EXPENSES

Diagnosis and ICD-9 code [See treatment plan: e.g. Acne Vulgaris / 706.1]:

Total Amount Requested:

Supporting Documentation Attached?

☐ Yes

☐ No

Examples of documentation include treatment plan and EasyPath payment confirmation or receipt.

SECTION 3: CERTIFICATION Please read carefully before signing.

I affirm that:

- I HAVE NOT BEEN PAID FOR THESE TELEHEALTH SERVICES/EXPENSES FROM MY FSA or HSA AND I HAVE NOT REQUESTED and WILL NOT RECEIVE REIMBURSEMENT FOR THESE EXPENSES FROM ANY OTHER PLAN INCLUDING FEDVIP (Federal Employees Dental and Vision Insurance Program) and FEHB (Federal Employees Health Benefits Program); AND
- I have submitted the above information in good faith and it is correct to the best of my knowledge.

I understand that:

- Reimbursement is not a guarantee that this payment is tax-free.
- The service(s) for which I am requesting reimbursement must be incurred during my period of coverage. This coverage begins the next January 1 if I enrolled during the Open Season, or the day after my enrollment is accepted by FSAFEDS, whichever is later. This coverage ends no later than March 15 of the following year, unless my coverage ends sooner due to a Qualifying Life Event.
- I have until April 30 following the end of the Benefit Period or end of Federal Service to submit my claim for reimbursement of eligible expenses incurred during my period of coverage. If I do not submit claims for reimbursement by that date, I will forfeit any funds remaining in my account(s) in accordance with IRS rules.
- I cannot use health care expenses reimbursed through my general purpose HCFSAs or LEX HCFSAs as a deduction on my personal income tax return.
- The expenses for which I am requesting reimbursement are for myself, my spouse, my dependent or adult child through age 26. I authorize release of payment through my Flexible Spending Account. I authorize FSAFEDS, or its representatives, to obtain necessary information from all physicians, hospitals, medical service providers, pharmacists, employers, and all other agencies or organizations (including other insurers) to consider the claim for reimbursement under my Flexible Spending Account.

Patient Signature* _____

Date(mm/dd/yyyy) _____

***Your signature and date are required in order to process your claim for reimbursement.**

HEALTH CARE CLAIM FORM

Use only for Medicare Reimbursement Request

FAX or Mail to: Your Insurance Carrier

For additional information, please contact your health plan administrator.

SECTION 1: PATIENT AND INSURANCE INFORMATION

Patient Name (Last, First, Middle Initial)

Date of Birth

Service provided via DermatologistOnCall teledermatology platform

Provider Name: _____ CPT: 99202-GQ (Teledermatology and Asynchronous Services)

Name on Insurance

Insurance ID number

Date of Birth (if different from Patient name)

SECTION 2: YOUR HEALTH CARE EXPENSES

Diagnosis and ICD-9 code [See treatment plan: e.g. Acne Vulgaris / 706.1]:

Total Amount Requested:

Supporting Documentation Attached?

☐ Yes

☐ No

Examples of documentation include treatment plan and EasyPath payment confirmation or receipt.

SECTION 3: CERTIFICATION Please read carefully before signing.

I affirm that:

- I HAVE NOT BEEN PAID FOR THESE TELEHEALTH SERVICES/EXPENSES FROM MY FSA or HSA AND I HAVE NOT REQUESTED and WILL NOT RECEIVE REIMBURSEMENT FOR THESE EXPENSES FROM ANY OTHER PLAN INCLUDING FEDVIP (Federal Employees Dental and Vision Insurance Program) and FEHB (Federal Employees Health Benefits Program); AND
- I have submitted the above information in good faith and it is correct to the best of my knowledge.

I understand that:

- Reimbursement is not a guarantee that this payment is tax-free.
- The service(s) for which I am requesting reimbursement must be incurred during my period of coverage. This coverage begins the next January 1 if I enrolled during the Open Season, or the day after my enrollment is accepted by FSAFEDS, whichever is later. This coverage ends no later than March 15 of the following year, unless my coverage ends sooner due to a Qualifying Life Event.
- I have until April 30 following the end of the Benefit Period or end of Federal Service to submit my claim for reimbursement of eligible expenses incurred during my period of coverage. If I do not submit claims for reimbursement by that date, I will forfeit any funds remaining in my account(s) in accordance with IRS rules.
- I cannot use health care expenses reimbursed through my general purpose HCFSAs or LEX HCFSAs as a deduction on my personal income tax return.
- The expenses for which I am requesting reimbursement are for myself, my spouse, my dependent or adult child through age 26. I authorize release of payment through my Flexible Spending Account. I authorize FSAFEDS, or its representatives, to obtain necessary information from all physicians, hospitals, medical service providers, pharmacists, employers, and all other agencies or organizations (including other insurers) to consider the claim for reimbursement under my Flexible Spending Account.

Patient Signature* _____

Date(mm/dd/yyyy) _____

***Your signature and date are required in order to process your claim for reimbursement.**

FREQUENTLY ASKED QUESTIONS

on submitting teledermatology reimbursement claims

HOW DO I ENTER MY INSURANCE INFORMATION?



DermatologistOnCall does not process insurance information.

If you have come through the DermatologistOnCall Open Network, a provider's virtual waiting room, or the MDLIVE Open Network, you must either digitally submit your claim or fill out a Commercial or Medicare health care claim form and mail, or fax the form to your carrier.

If you entered your insurance information on the MDLIVE website and started your dermatology visit from MDLIVE, you should not submit a claim.

HOW DO I FIND THE DIGITAL SUBMISSION FORM/ADDRESS/FAX NUMBER OF MY INSURANCE CARRIER?



Your health insurance carrier should have instructions for submitting a claim on their website.

Most carriers accept claims forms through their websites. If you cannot submit an online claim, fill out health care claim form (found in this packet) and mail or fax the form to your carrier. If you still have questions or concerns about submitting your claim, contact your benefits coordinator or, for Medicare beneficiaries, call 1-800-MEDICARE.

HOW LONG DO I HAVE TO SUBMIT A CLAIM?



We strongly recommend you submit your claims as soon as you complete your online visit.

Carrier restrictions vary, but as a general rule, you have 90 days to submit your claim for reimbursement. The sooner you submit, the sooner your insurer can reimburse you for your visit. To expedite the process, be sure to type or print clearly on all forms if you are mailing or faxing documents.

HOW MUCH WILL I BE REIMBURSED?



That depends on your health insurance carrier.

Your health insurance carrier determines reimbursement rates for telemedicine visits. Depending on your coverage, you may not receive full cost of your online visit.

DermatologistOnCall®