



MAY 2020

KMAP GENERAL BULLETIN 20111

Clarification of Written Consent Documentation Requirement for Telemedicine

Telemedicine policies with a start date of March 12, 2020, states providers are required to obtain verbal consent for the telemedicine delivery mode (which includes telephonic contact where applicable) and requires that the medical record clearly denote the beneficiary's verbal consent. It is acceptable for provider groups to have one “blanket” verbal consent approval for that organization provided it is clearly documented as such in the beneficiary's medical record.

The verbal consent is to be followed with written approval from the beneficiary and retained in the medical record. Given the uncertain course of the pandemic, no specific deadline has been established for this written consent to be obtained but providers are strongly encouraged to obtain written approval as soon as feasible to be compliant with this requirement. No specific mechanism was noted for obtaining this written consent. For example, written consent could be obtained at the time of the first on-site office visit or by mail. Likewise, the written consent form in the integrated medical record could denote approval, signed by the beneficiary/guardian, to cover all telemedicine services provided by that provider group making it clear that it is a “blanket” approval.

KMAP

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