

## District of Columbia

**Medicaid Program:** District of Columbia Medicaid

**Program Administrator:** District of Columbia Dept. of Health Care Finance

**Regional Telehealth Resource Center:**  
 Mid-Atlantic Telehealth Resource Center  
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<b>Definition of telemedicine/telehealth</b>	
<p>“Telehealth” means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment; provided, that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included.</p> <p><i>Source: DC Code Sec. 31-3861.</i></p>	<p>Telehealth is defined as the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment, provided, that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included. For the purposes of coverage by the Department of Health Care Finance (DHCF), telehealth and telemedicine shall be deemed synonymous.</p> <p>...</p> <p>Telemedicine is a service delivery model that delivers healthcare services through a two-way, real time interactive video-audio communication for the purpose of evaluation, diagnosis, consultation, or treatment.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 47-49.</i></p>
<b>Live Video Reimbursement</b>	
<p>Medicaid is required to pay for telehealth services if the same service would be covered when delivered in person.</p> <p><i>Source: DC Code 31-3863.</i></p>	<p>Effective June 23, 2016 DC Medical Assistance Program will reimburse eligible providers for eligible healthcare services rendered via telemedicine in DC.</p> <p>Patient must be with a provider at the originating site.</p> <p>Must be an approved telemedicine provider. The following providers are considered an eligible originating site, as well as eligible distant site provider:</p> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Nursing facility</li> <li>• Federally Qualified Health Center</li> <li>• Clinic</li> <li>• Physician Group/Office</li> <li>• Nurse Practitioner Group/Office</li> <li>• DCPS</li> <li>• DCPCS</li> </ul>

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	<ul style="list-style-type: none"> <li>• Core Service Agency</li> </ul> <p>Distant site providers may only bill for the appropriate codes outlined (see manual).</p> <p>Special reimbursement parameters for FQHCs:</p> <ul style="list-style-type: none"> <li>• When FQHC is originating site: An FQHC provider must deliver an FQHC-eligible service in order to be reimbursed the appropriate PPS or fee for service (FFS) rate at the originating site;</li> <li>• When FQHC is distant site: An FQHC provider must deliver an FQHC-eligible service in order to be reimbursed the appropriate PPS or FFS rate; and</li> <li>• When FQHC is Originating and Distant Site: In instances where the originating site is an FQHC, the distant site is an FQHC, and both sites deliver a service eligible for the same clinic visit/encounter all-inclusive PPS code, only the distant site will be eligible to be reimbursed for the appropriate PPS rate for an FQHC-eligible service.</li> </ul> <p>Covered Services:</p> <ul style="list-style-type: none"> <li>• Evaluation and management</li> <li>• Consultation</li> <li>• Behavioral healthcare services</li> <li>• Rehabilitation services including speech therapy</li> </ul> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 47-49.</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>No reimbursement for store and forward.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 47-49.</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	<p>No reimbursement for remote patient monitoring.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 47-49.</i></p>
<b>Email/Phone/FAX</b>	
<p>No reimbursement requirement for audio-only telephones, electronic mail messages or facsimile transmissions.</p> <p><i>Source: Code Sec. 31-3861.</i></p>	<p>DC Medicaid does not reimburse for service delivery using audio-only telephones, e-mail messages or facsimile transmissions.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 47-49.</i></p>

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<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	<p>Written consent required.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 47-49.</i></p>
<b>Location</b>	
No reference found.	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Nursing facility</li> <li>• Federally Qualified Health Center</li> <li>• Clinic</li> <li>• Physician Group/Office</li> <li>• Nurse Practitioner Group/Office</li> <li>• DCPS</li> <li>• DCPCS</li> <li>• Core Service Agency</li> </ul> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 47-49.</i></p>
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
<p>Private payers are required to pay for telehealth services if the same service would be covered when delivered in person.</p> <p>A health insurer may not impose any annual or lifetime dollar maximum on coverage for telehealth services.</p> <p><i>Source: DC Code Sec. 31-3862.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>No transaction or facility fee.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 47-49.</i></p>
<b>Miscellaneous</b>	
<p>DHCF required to send a Telemedicine Program Evaluation survey to providers, effective Jan. 1, 2017.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99.</i></p>	