

District of Columbia

Medicaid Program: District of Columbia Medicaid

Program Administrator: District of Columbia Dept. of Health Care Financing

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, and West Virginia as well as the District of Columbia

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Medicaid Telehealth Reimbursement

Summary

Medicaid is required to pay for live video telehealth services if the same service would be covered when delivered in-person. Although this law was amended to expand reimbursement to store-and-forward and remote patient monitoring, it was not funded under an approved budget and financial plan and therefore did not go into effect.

Source: DC Code 31-3863. (Accessed Sept. 2019).

Definitions

“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.

Source: DC Code Sec. 31-3861 (Accessed Sept. 2019).

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.

Source: Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.1. Pgs. 67. (Accessed Sept. 2019).

“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.

Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.2. (Accessed Sept. 2019). & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.1. Pgs. 67. (Accessed Sept. 2019).

Live Video

Policy

DC Medicaid must reimburse for health services through telehealth if the same service would be covered when delivered in person.

Source: DC Code Sec. 31-3861 (Accessed Sept. 2019).

The DC Medical Assistance Program will reimburse approved telemedicine providers for eligible healthcare services rendered via telemedicine in DC. Patient must be physically present at the originating site.

Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.5. (Accessed Sept. 2019). & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.2. P. 68. (Accessed Sept. 2019).



Medicaid shall cover and reimburse for healthcare services appropriately delivered through telehealth if the same services would be covered when delivered in person.

Source: DC Code Sec. 31-3861 (Accessed Sept. 2019).

Covered Services:

- Evaluation and management
- Consultation of an evaluation and management of a specific healthcare problem requested by an originating site provider
- Behavioral healthcare services including, but not limited to, psychiatric evaluation and treatment, psychotherapies, and counseling
- Rehabilitation services including speech therapy

Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.5 & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.6. P. 69 (Accessed Sept. 2019).

Distant site providers may only bill for the appropriate codes outlined (see manual).

Source: DC Dept. of Health Care Finance. Telemedicine Provider Guidance. P. 3. (Feb 2018), DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.12 & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.8. P. 69-70 (Accessed Sept. 2019).

Telemedicine providers must comply with the following:

- Be an enrolled Medicaid provider and comply with requirements including having a completed, signed Medicaid Provider Agreement
- Comply with technical, programmatic and reporting requirements
- Be licensed; and
- Comply with any applicable consent requirements, including but not limited to providing telemedicine services at DC public schools or public charter schools.

Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.6. (Accessed Sept. 2019).

Must be an approved telemedicine provider. The following providers are considered an eligible distant site provider:

- Hospital
- Nursing facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- DCPS
- DCPCS; and
- MHRS provider, ASARS provider and ASTEP provider certified by DBH and eligible to provide behavioral health services set forth under the State Plan (only included in Emergency Regulations)

Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.8 & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.3. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Feb. 2018) (Accessed Sept. 2019).

Core Service Agency is also listed in the Physician Billing Manual and Telemedicine Provider Guidance, even though it was eliminated from regulation.

Source: Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.3. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2-3 (Feb. 2018). (Accessed Sept. 2019).



Medicaid Telehealth Reimbursement

Live Video	Eligible Sites	<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"> • Hospital • Nursing facility • Federally Qualified Health Center • Clinic • Physician Group/Office • Nurse Practitioner Group/Office • DCPS • DCPCS • Mental Health Rehabilitation Service (MHRS) provider, Adult Substance Abuse Rehabilitation Service (ASARS) provider, and Adolescent Substance Abuse Treatment Expansion Program (ASTEP) provider certified by the Department of Behavioral Health (DBH) and eligible to provide behavioral health services set forth under the District of Columbia Medicaid State Plan (State Plan). (only included in Emergency Regulations) • Core Service Agency is also listed in the Physician Billing Manual and Telemedicine Provider Guidance, even though it was eliminated from regulation. <p>Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.8 & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.3. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Feb. 2018) (Accessed Sept. 2019).</p>
	Geographic Limits	<p>No reference found.</p>
	Facility/Transmission Fee	<p>Although facility fees was included under enacted legislation B22-233, it did not become law because it was “not funded” under an approved budget.</p> <p>Source: DC Code Sec. 31-3861(c) (Accessed Sept. 2019).</p> <p>No transaction or facility fee.</p> <p>Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.28 & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.7. P. 69.7 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 5 (Feb. 2018). (Accessed Sept. 2019).</p>
Store-and-Forward	Policy	<p>No reimbursement for store-and-forward.</p> <p>Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.29 & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.7. P. 69. & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 5 (Feb. 2018). (Accessed Sept. 2019).</p>



Medicaid Telehealth Reimbursement

Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	<p>Although remote patient monitoring was included under enacted legislation B22-233, it did not become law because it was “not funded” under an approved budget.</p> <p>Source: DC Code Sec. 31-3861(c) (Accessed Sept. 2019).</p> <p>There is no reimbursement for remote patient monitoring.</p> <p>Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.29 & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.7. P.69 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 5 (Feb. 2018). (Accessed Sept. 2019).</p>
	Conditions	No reference found.
	Provider Limitations	No reference found.



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Other Restrictions	No reference found.
Email / Phone / Fax	<p>DC Medicaid does not reimburse for service delivery using audio-only telephones, e-mail messages or facsimile transmissions.</p> <p>Source: DC Code Sec. 31-3861 & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.8 p. 65. (Accessed Sept. 2019).</p>	
Consent	<p>Written consent required.</p> <p>Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.5 & Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.1. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Feb. 2018). (Accessed Sept. 2019).</p>	
Out of State Providers	<p>For healthcare services rendered outside of the District, the provider of the services shall meet any licensure requirements of the jurisdiction in which the patient is physically located.</p> <p>Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.9. (Accessed Sept. 2019).</p> <p>“For services rendered outside of the District, providers shall meet any licensure requirements of the jurisdiction where he/she is physically located and the jurisdiction where the patient is physically located.”</p> <p>Source: Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9. P. 67. (Accessed Sept. 2019).</p>	
Miscellaneous	<p>Where an FQHC provides an allowable healthcare service at the originating or distant site, the FQHC shall be reimbursed the applicable rate (PPS, APM or FFS). If an FQHC is both the originating and distant site, only the distant site will be reimbursed..</p> <p>Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.24. (Accessed Sept. 2019).</p> <p>When DCPS or DCPCS provides any of the allowable healthcare services at the originating or distant site, the provider shall only be reimbursed for distant site healthcare services that are Medicaid eligible and are to be delivered in a licensed education agency.</p> <p>Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.26. (Accessed Sept. 2019).</p> <p>When an originating site and a distant site are CSAs, and the same provider identification number is used for a serviced delivered via telemedicine, only the distant site provider shall be eligible for reimbursement of the allowable healthcare services described within this section.</p> <p>Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.27. (Accessed Sept. 2019).</p>	



Special reimbursement parameters for FQHCs:

- 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;
- 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
- 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.

Source: Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9.5. Pgs. 69 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Feb. 2018) (Accessed Sept. 2019).

Telemedicine section also appears in Provider Manuals on:

- **FQHCs** (FQHC Billing Manual Version 1.08, 5/15/2019, p. 49-51 Accessed Sept. 2019).
- **Clinics** (Clinic Billing Manual Version 4.05, 5/8/2019, p. 48-51 Accessed Sept. 2019).
- **Inpatient Hospital** (Inpatient Hospital Billing Manual Version 5.07, 8/12/2019, p. 50-53 Accessed Sept. 2019).
- **Outpatient Hospital** (Outpatient Hospital Billing Manual Version 5.0, 8/12/19, p. 71-73 Accessed Sept. 2019).
- **Long Term Care** (Long Term Care Billing Manual Version 5.03, 6/18/2019, p. 55-58 Accessed Sept. 2019).

Source: DC Department of Health Care Finance. Transmittal #18-08. Feb. 23, 2018., FQHC Billing Manual. DC Medicaid., Clinics Billing Manual. DC Medicaid., Inpatient Hospital. DC Medicaid. & Long Term Care Billing Manual. DC Medicaid. (Accessed Apr. 2019).

See regulation for specific technology requirements..

Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.12. (Accessed Sept. 2019).

A provider is required to develop a confidentiality compliance plan.

Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.15. (Accessed Sept. 2019).

DHCF is required to send a Telemedicine Program Evaluation survey to providers, effective Jan. 1, 2017.

Source: DC Municipal Regulation. Emergency Regulation (Effective until Nov. 14, 2019). Title 29, Ch. 9, Sec. 910.14. (Accessed Sept. 2019).

“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.

Source: DC Code Sec. 31-3861. (Accessed Sept. 2019).

Private payers are required to pay for telehealth services if the same service would be covered when delivered in-person.

A health insurer may require a deductible, copayment, or coinsurance that may not exceed the amount applicable to the same service delivered in-person, but may not impose any annual or lifetime dollar maximum on coverage for telehealth services.

Source: DC Code Sec. 31-3862. (Accessed Sept. 2019).

Private Payer Laws	Parity	Service Parity	A health plan must reimburse a provider for the diagnosis, consultation or treatment of the patient when the service is delivered by telehealth.
		Payment Parity	No explicit payment parity.
Professional Regulation/Health & Safety	Definitions		<p>Telemedicine - The practice of medicine by a licensed practitioner to provide patient care, treatment or services, between a licensee in one location and a patient in another location with or without an intervening healthcare provider, through the use of health information and technology communications, subject to the existing standards of care and conduct.</p> <p>Source: DC Regs. Sec. 17-4699. (Accessed Sept. 2019).</p>
	Consent		<p>Must obtain and document consent.</p> <p>Source: DC Regs. Sec. 17-4618.2 (Accessed Sept. 2019).</p>
	Online Prescribing		<p>A physician-patient relationship can be established through real-time telemedicine.</p> <p>Source: DC Code Sec. 17-4618.4 (Accessed Sept. 2019).</p>
	Cross-State Licensing		<p>Member of the Interstate Medical Licensure Compact.</p> <p>Source: Interstate Medical Licensure Compact. (Accessed Sept. 2019)</p> <p>Must have license to practice medicine in the District of Columbia.</p> <p>Source: DC Regs. Sec. 17-4618. (Accessed Sept. 2019).</p>
	Miscellaneous		<p>Professional Board Telehealth-Specific Regulations</p> <ul style="list-style-type: none"> Department of Health (applies to the Board of Medicine) <p>Source: DCMR Title 17, Ch. 46 Sec. 4618) (Accessed Sept. 2019).</p>

