

# 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 telehealth services (which includes live video, store-and-forward and remote patient monitoring) if the same service would be covered when delivered in-person. This law was recently amended to expand reimbursement to store-and-forward and remote patient monitoring, but doesn't apply to Medicaid until its fiscal effect is included in an approved budget and financial plan. Consequently, D.C.'s regulations and manuals have not yet been updated to reflect the changes.

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

### Definitions

"Telehealth" means the delivery of health care services, including services provided via synchronous interaction and asynchronous store-and-forward, through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, remote patient monitoring, or treatment. The term "telehealth" shall not include services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions.

**Source:** DC Code Sec. 31-3861 (Accessed Apr. 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.

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. Title 29, Ch. 9, Sec. 910, 910.2 & Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.8.1. Pgs. 65. (Accessed Apr. 2019).



DC Medicaid must reimburse for health services through telehealth under certain circumstances.\*

**Source:** DC Code Sec. 31-3861(b)(2)(a) (Accessed Apr. 2019).

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

**Source:** DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.8. P. 65. (Accessed Apr. 2019).

DC Medicaid must reimburse for health services through telehealth if:\*

- The health care services are covered when delivered in-person; or
- The health care services are covered under the District’s Medicaid State Plan and any implementing regulations, including:
  - Evaluation, consultation and management;
  - Behavioral health care services;
  - Diagnostic, therapeutic, interpretive and rehabilitation services;
  - Medication adherence management services;
  - Remote patient monitoring, subject to prior authorization by the Department; and
  - Any other service as authorized by the Director of the Department through rules issued pursuant to section 4e.

Must use the reimbursement codes designated for telehealth by the Department.

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

Covered Services:

- Evaluation and management
- Consultation
- Behavioral healthcare services
- Speech therapy

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

**Source:** DC Dept. of Health Care Finance. Telemedicine Provider Guidance. P. 4-5. (Feb 2018), DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.11 & Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 12-7. P. 67 (Accessed Apr. 2019).



Eligible Providers

Reimbursement to a distant site for professional services shall not be shared with a referring provider at an originating site.

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

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

- Hospital
- Nursing facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- DCPS
- DCPCS
- Core Service Agency

**Source:** DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.7 & Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.8.3. P. 66. & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2-3 (Feb. 2018). (Accessed Apr. 2019).

Eligible Sites

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

- Hospital
- Nursing facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- DCPS
- DCPCS
- Core Service Agency

See emergency notice for special rules around reimbursement of Local Education Agencies and Core Service Agencies.

**Source:** DC Department of Health Care Finance. Transmittal #18-08. (Feb. 23, 2018); DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.8 ; Physicians Billing Manual. DC Medicaid. (8/21/2018); Sec. 15.8.3. P. 66. & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2-3 (Feb. 2018). (Accessed Apr. 2019).

Geographic Limits

No reference found.



# Medicaid Telehealth Reimbursement

Live Video	Facility/Transmission Fee	<p>For health care services delivered through telehealth during the period between October 1, 2018, and October 1, 2019, an originating site shall receive a payment from the Department equivalent to the lesser of the reimbursement paid by the Department to a provider or the originating site facility fee of \$25. Beginning October 2, 2019, the facility fee for the originating site shall be determined in accordance with the Medicare Economic Index, as determined by the United States Centers for Medicaid and Medicaid Services.*</p> <p><b>Source:</b> DC Code Sec. 31-3861 (Accessed Apr. 2019).</p> <p>No transaction or facility fee.</p> <p><b>Source:</b> DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.28 &amp; Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.8.7. P. 67. &amp; DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Feb. 2018). (Accessed Apr. 2019).</p>
	Policy	<p>A patient receiving asynchronous store-and-forward health care services shall have the right to interact with a provider via synchronous interaction and shall be informed of this right at the time the store-and-forward services are delivered. If the provider cannot provide a synchronous interaction within 30 days of the patient's request they won't be reimbursed.*</p> <p><b>Source:</b> DC Code Sec. 31-3861 (Accessed Apr. 2019)</p> <p>No reimbursement for store-and-forward.</p> <p><b>Source:</b> DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.29 Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.8.7. p. 67. &amp; DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 5 (Feb. 2018). (Accessed Apr. 2019).</p>
Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	<p>For health care services delivered through telehealth during the period between October 1, 2018, and October 1, 2019, an originating site shall receive a payment from the Department equivalent to the lesser of the reimbursement paid by the Department to a provider or the originating site facility fee of \$25. Beginning October 2, 2019, the facility fee for the originating site shall be determined in accordance with the Medicare Economic Index, as determined by the United States Centers for Medicaid and Medicaid Services.*</p> <p><b>Source:</b> DC Code Sec. 31-3861 (Accessed Apr. 2019).</p>



Policy

Reimbursement for remote patient is provided as long as long as providers establish protocols that govern the:\*

- Authentication and authorization of patients;
- Process for monitoring, tracking, and responding to changes in a patient’s clinical condition;
- Acceptable and unacceptable parameters for a patient’s clinical condition;
- Response of monitoring staff to abnormal parameters of a patient’s vital signs, symptoms, or lab results;
- Process for notifying the patient’s provider of significant changes in the patient’s clinical condition;
- Prevention of unauthorized access to the provider’s information-technology systems;
- Provider’s compliance with the security and privacy requirements of the Health Insurance Portability and Accountability Act of 1996, approved August 21, 1996 (110 Stat. 1936; 42 U.S.C. Section 1320d et seq.);
- Storage, maintenance, and transmission of patient information;
- Synchronization and verification of patient data, as appropriate; and
- Notification of the patient’s discharge from remote patient monitoring services.

**Source:** DC Code Sec. 31-3861(c) (Accessed Apr. 2019).

The Medicaid provider billing manual states that there is no reimbursement for remote patient monitoring.

**Source:** DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.29 & Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.2.7. P.67. & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 5 (Feb. 2018). (Accessed Apr. 2019).

Conditions

No reference found.

Provider Limitations

To receive payment for remote patient monitoring services delivered through telehealth, a provider shall:\*

- Assess and monitor a patient’s clinical data, including appropriate vital signs, pain levels, other biometric measures specified in the plan of care, and the patient’s response to prior changes in the plan of care;
- Assess changes, if any, in the condition of the patient observed during the course of remote patient monitoring that may indicate the need for a change in the plan of care; and
- Develop and implement a patient plan addressing:
  - Management and evaluation of the plan of care, including changes in visit frequency or addition of other health care services;
  - Coordination of care regarding telehealth findings; and
  - Coordination and referral to other providers, as needed.

The equipment used by a provider to deliver remote patient monitoring services through telehealth shall:

- Be maintained in good repair and kept free from safety hazards;
- Be newly purchased or, if previously used, sanitized before installation in the patient’s home;
- Accommodate non-English language options; and
- Provide technical and clinical support services to the patient user.

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



# 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><b>Source:</b> DC Code Sec. 31-3861(a(18)) &amp; Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.8 p. 65. (Accessed Apr. 2019).</p>
Consent		<p>Written consent required.</p> <p><b>Source:</b> DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.5 &amp; Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.8.2. p. 66. &amp; DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Feb. 2018). (Accessed Apr. 2019).</p>
Out of State Providers		<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><b>Source:</b> Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.8. P. 65. (Accessed Apr. 2019).</p>
Miscellaneous		<p>A telemedicine visit meets the definition of an encounter for a FQHC.</p> <p><b>Source:</b> DC Municipal Regulation. Title 29, Ch. 9, Sec. 910 (Accessed Apr. 2019).</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><b>Source:</b> DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.24 .&amp; 910.25 &amp; Physicians Billing Manual. DC Medicaid. (8/21/2018) Sec. 15.2.5. Pgs. 66-67. (Accessed Apr. 2019).</p>



Medicaid Telehealth Reimbursement	Miscellaneous	<p>Telemedicine section also appears in Provider Manuals on:</p> <ul style="list-style-type: none"> <li>• FQHCs</li> <li>• Clinics</li> <li>• Inpatient Hospital</li> <li>• Long Term Care</li> </ul> <p>As a condition of participation, Medicaid providers using telemedicine will be required to respond to requests for information on their telemedicine program.</p> <p><b>Source:</b> 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. &amp; Long Term Care Billing Manual. DC Medicaid. (Accessed Apr. 2019).</p> <p>DHCF is required to send a Telemedicine Program Evaluation survey to providers, effective Jan. 1, 2017.</p> <p><b>Source:</b> DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.14. (Accessed Apr. 2019).</p>	
		Definitions	<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><b>Source:</b> DC Code Sec. 31-3861. (Accessed Apr. 2019).</p>
		Requirements	<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 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.</p> <p><b>Source:</b> DC Code Sec. 31-3862. (Accessed Apr. 2019).</p>
Private Payer Laws	Parity	Service Parity	<p>A health plan must reimburse a provider for the diagnosis, consultation or treatment of the patient when the service is delivered by telehealth.</p>
		Payment Parity	<p>No explicit payment parity.</p>



Definitions

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.

**Source:** DC Regs. Sec. 17-4699. (Accessed Apr. 2019).

Consent

Must obtain and document consent.

**Source:** DC Regs. Sec. 17-4618.2 (Accessed Apr. 2019).

Online Prescribing

A physician-patient relationship can be established through real-time telemedicine.

**Source:** DC Code Sec. 17-4618.4 (Accessed Apr. 2019).

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

**Source:** Interstate Medical Licensure Compact. (Accessed Apr. 2019).

Must have license to practice medicine in the District of Columbia.

**Source:** DC Regs. Sec. 17-4618. (Accessed Apr. 2019).

Miscellaneous

**Professional Board Telehealth-Specific Regulations**

- Department of Health (applies to the Board of Medicine)

**Source:** DCMR Title 17, Ch. 46 Sec. 4618) (Accessed Apr. 2019).

\* Applies upon the date of inclusion of its fiscal effect in an approved budget and financial plan.

