

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 www.matrc.org

D.C. Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSING COMPACT	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	IMLC	✓

D.C. Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>Medicaid shall cover and reimburse for healthcare services appropriately delivered through telehealth if the same services 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.</p> <p>Source: DC Code 31-3863. (Accessed Mar. 2020).</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>Source: DC Code Sec. 31-3861 (Accessed Mar. 2020).</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>Source: Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.1. Pgs. 67. (Accessed Mar. 2020).</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>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.2 & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.1. Pgs. 68. (Accessed Mar. 2020).</p>



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 Mar. 2020).

The DC Medical Assistance Program will reimburse telemedicine services, if the Medicaid beneficiary meets the following conditions:

- Be enrolled in the DC Medicaid Program;
- Be physically present at the originating site at the time the telemedicine service is rendered; and
- Provide written consent to receive telemedicine services in lieu of in-person healthcare services, consistent with all applicable DC laws.

Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.5 & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.2. P. 68. (Accessed Mar. 2020).

Eligible Services / Specialties

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 Mar. 2020).

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. Title 29, Ch. 9, Sec. 910.11 & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.6. P. 69 (Accessed Mar. 2020).

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. Title 29, Ch. 9, Sec. 910.12 & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.8. P. 69-70 (Accessed Mar. 2020).

Eligible Providers

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. Title 29, Ch. 9, Sec. 910.6. (Accessed Mar. 2020).

Must be an approved telemedicine provider. D.C. Medicaid enrolled providers are eligible to deliver telemedicine services, using fee-for-service reimbursement, at the same rate as in-person consultations. All reimbursement rates for services delivered via telemedicine are consistent with the District's Medical State Plan and implementing regulations.

Source: Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.4. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 3 (Mar. 2020) (Accessed Mar. 2020).



Eligible Providers

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

Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.8 & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.3. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 3 (Mar. 2020) (Accessed Mar. 2020).

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
- District of Columbia Public Schools (DCPS)
- District of Columbia Public Charter Schools (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).
- Core Service Agency (only in Physician Provider Manual)

When a beneficiary’s home is the originating site, the distant site provider shall ensure the technology in use meets the minimum requirements set forth in Subsection 910.13.

Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.7 & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.3. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Mar. 2020) (Accessed Mar. 2020).

When DCPS or DCPCS is the originating site provider, a primary support professional (an individual designated by the school) shall be in attendance during the patient’s medical encounter.

Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.17. (Accessed Mar. 2020).

Geographic Limits

No reference found.



Medicaid Telehealth Reimbursement

Live Video	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 Mar. 2020).</p> <p>No transaction or facility fee.</p> <p>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.28. (Accessed Mar. 2020). & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.7. P. 69.7 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 5 (Mar. 2020). (Accessed Mar. 2020).</p>
	Policy	<p>No reimbursement for store-and-forward.</p> <p>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.29 & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.7. P. 69. & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p.2 (Mar. 2020). (Accessed Mar. 2020).</p>
Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.



Medicaid Telehealth Reimbursement

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 Mar. 2020).</p> <p>There is no reimbursement for remote patient monitoring.</p> <p>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.29 & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.7. P.69 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 5 (Mar. 2020). (Accessed Mar. 2020).</p>
	Conditions	No reference found.
	Provider Limitations	No reference found.
	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. (12/19/2019) Sec. 15.8 p. 67. (Accessed Mar. 2020).</p>	
Consent	<p>Written consent required.</p> <p>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.5. (Accessed Mar. 2020). & Physicians Billing Manual. DC Medicaid. (12/19/2019) Sec. 15.9.1. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Feb. 2018). (Accessed Mar. 2020).</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.

Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.9. (Accessed Mar. 2020).

“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.”

Source: Physicians Billing Manual. DC Medicaid. (8/12/2019) Sec. 15.9. P. 67-68. (Accessed Mar. 2020).

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, and both sites render the same healthcare service, only the distant site will be reimbursed.

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.

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.

Source: DC Municipal Regulation Title 29, Ch. 9, Sec. 910.24, 26 & 27. (Accessed Mar. 2020).

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. (12/19/2019) Sec. 15.9.5. Pgs. 69 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Feb. 2018) (Accessed Mar. 2020).

Telemedicine section also appears in Provider Manuals on:

- **FQHCs** (FQHC Billing Manual Version 1.08, 5/15/2019, p. 49-51 Accessed Mar. 2020).
- **Clinics** (Clinic Billing Manual Version 4.05, 5/8/2019, p. 48-51 Accessed Mar. 2020).
- **Inpatient Hospital** (Inpatient Hospital Billing Manual Version 5.07, 12/19/2019, p. 50-53 Accessed Mar. 2020).
- **Outpatient Hospital** (Outpatient Hospital Billing Manual Version 5.0, 11/5/19, p. 71-73 Accessed Mar. 2020).
- **Long Term Care** (Long Term Care Billing Manual Version 5.03, 11/13/2019, p. 55-58 Accessed Mar. 2020).

See regulation for specific technology requirements.

A provider is required to develop a confidentiality compliance plan.

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

Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.13, 14 & 15. (Accessed Mar. 2020).



Private Payer Laws

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 Mar. 2020).

Requirements

Health insurers 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. A health insurer shall not impose any annual or lifetime dollar maximum on coverage for telehealth services other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services under the health benefits plan.

Source: DC Code Sec. 31-3862. (Accessed Mar. 2020).

Parity

Service Parity

A health insurer must reimburse a provider for the diagnosis, consultation or treatment of the patient when the service is delivered by telehealth.

Source: DC Code Sec. 31-3862. (Accessed Mar. 2020).

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

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 Mar. 2020).

Consent

Must obtain and document consent.

Source: DC Regs. Sec. 17-4618.2 (Accessed Mar. 2020).



Online Prescribing

A physician shall perform a patient evaluation to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication for a patient utilizing the appropriate standards of care, except when performing interpretive services.

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

Source: DC Code Sec. 17-4618.3 & 4 (Accessed Mar. 2020).

Cross-State Licensing

Member of the Interstate Medical Licensure Compact. – Implementation delayed.

Source: Interstate Medical Licensure Compact. (Accessed Mar. 2020).

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

Source: DC Regs. Sec. 17-4618.1. (Accessed Mar. 2020).

Miscellaneous

Professional Board Telehealth-Specific Regulations

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

Source: DCMR Title 17, Ch. 46 Sec. 4618) (Accessed Mar. 2020).

