

Virginia

Medicaid Program: Virginia Medicaid

Program Administrator: State Dept. of Medical Assistance Services (DMAS)

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center <https://www.matrc.org>

Virginia 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 |
| ✓ | ✓ | ✓ | ✓ | ✗ | NCL, PTC | ✓ |

Virginia Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Virginia Medicaid reimburses for live video, store-and-forward, and remote patient monitoring under certain circumstances. Plans participating in the Medicare-Medicaid Demonstration Waiver are permitted to use store-and-forward and remote patient monitoring in rural and urban locations and to provide reimbursement for services.

Definitions

“Telemedicine is the real-time or near real-time two-way transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment.”

Source: VA Dept. of Medical Assistant Svcs., *Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations*. p. 14 (Feb. 2019). (Accessed Feb. 2020).

Telemedicine is the real-time or near real-time exchange of information for the purposes of diagnosis and treatment.”

Source: VA Dept. of Medical Assistant Svcs., *Medicaid Provider Manual, Psychiatric Services Provider Manual, Covered Svcs. and Limitations*. p. 17 (Aug. 2018) (Accessed Feb. 2020).

Telehealth is defined as “the real-time or near real-time transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment.

Source: VA Dept. of Medical Assistance Svcs., *Medicaid Provider Manual, Home Health Manual, Covered Services and Limitations*. p. 4 (Jun. 2017). (Accessed Feb. 2020).

Medicaid-Medicare Waiver

“Telehealth” means the real-time or near real-time two-way transfer of data and information using an interactive audio and video connection for the purposes of medical diagnosis and treatment.

Source: VA Reg Text 12VAC30-121-70(7(b)). (2017). (Accessed Feb. 2020).



Reimbursement is provided subject to coverage requirements in the Department of Medical Assistance Services (DMAS) manuals.

Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 14 (Feb. 2019) (Accessed Feb. 2020).

Telemedicine is available for selected services and limited provider types.

Source: VA Dept. of Medical Assistance Svcs. General Information. All Manuals, Feb. 2019, (Accessed Feb. 2020).

See billing information for specific codes.

Eligible services include:

- Evaluation and management
- Psychiatric care
- Specialty medical procedures such as echocardiography and obstetric ultrasound
- Speech therapy
- Radiology procedures

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 3. (May. 2014). (Accessed Feb. 2020).

Speech therapy is reimbursable for a speech-language pathologist at a remote location and a qualified school aide with the child during a tele-practice session.

Source: VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Local Education Agency Provider Manual, Covered Svcs. and Limitations, p. 11 (Jul. 2018). (Accessed Feb. 2020).

Community Mental Health Rehabilitative Services

A Comprehensive Needs Assessment meeting DMAS telemedicine standards is allowed for:

- Psychosocial rehabilitation
- Partial hospitalization
- Intensive Community Treatment
- Crisis intervention

Source: VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Community Mental Health Rehabilitative Services, Covered Svcs. and Limitations, p. 18 (May. 2019). (Accessed Feb. 2020).

Telemedicine is reimbursable for psychiatric evaluation in crisis stabilization services when coordinated with an outpatient provider and billed as physician or outpatient psychiatric services, however telemedicine is not allowed for services billed under Crisis Stabilization.

Source: VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Community Mental Health Rehabilitative Services, Covered Svcs. and Limitations, p. 49-50 (May. 2019). (Accessed Feb. 2020).

Durable Medical Equipment (DME) and Supplies

The face-to-face encounter to qualify for DME may occur through telehealth.

Source: VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Durable Medical Equipment and Supplies Manual, Covered Svcs. and Limitations, p. 8 (1/23/20). (Accessed Feb. 2020).

Opioid Treatment Services

Services can be provided face-to-face or by telemedicine according to DMAS policy regarding telemedicine. MCO contracted providers should consult with the contracted MCOs for their specific policies and requirements for telemedicine.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Provider Manual, Addiction and Recovery Treatment Services, Opioid Treatment Services/Medication Assisted Treatment. p. 7 & 34. (Dec. 2017). (Accessed Feb. 2020).



Eligible Services / Specialties

Residential Treatment Service

An assessment for residential referrals can be completed face-to-face or through telemedicine. See Medicaid manual for DMAS policy.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Provider Manual, Residential Treatment Services, Covered Services and Limitations, p. 5 & 33 (Feb. 2018), (Accessed Feb. 2020).

Vision Manual

- CPT codes that are recognized by DMAS are listed. Codes include:
- Consultations
- Office visits
- Individual psychotherapy
- Psychiatric diagnostic interview examination
- Pharmacologic management
- Colostomy
- Obstetric ultrasound
- Echocardiography, fetal
- Cardiography interpretation and report only
- Echocardiography

Source: VA Dept. of Medical Assistance Svcs. Medicaid Provider Manual, Vision Manual, Billing Instructions, p. 23 (Jul. 2015), (Accessed Feb. 2020).

Eligible Providers

Eligible providers:

- Physicians
- Nurse practitioners
- Nurse midwives
- Psychiatrist
- Clinical psychologist
- Clinical nurse specialists
- Clinical social worker
- Professional counselor
- Psychiatric clinical nurse specialist
- Psychiatric nurse practitioner
- Marriage and family therapist/counselor
- School psychologist
- Substance abuse treatment practitioner
- Local Education Agency (billing speech therapy)
- Federally Qualified Health Center Providers
- Appropriately licensed behavioral health and developmental services providers enrolled with Magellan.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Federally Qualified Health Centers Coverage of Telemedicine. (Mar. 2019) & Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 4. (May. 2014) (Accessed Feb. 2020).

Eligible Sites

Eligible originating sites locations:

- Rural Health Clinics
- Federally Qualified Health Centers
- Hospitals
- Nursing Facilities
- Health Department Clinics
- Renal Units (dialysis centers)
- Community Services Boards
- Residential Treatment Centers

All listed providers are considered eligible originating site providers.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Federally Qualified Health Centers Coverage of Telemedicine, p. 1 (Mar. 2019) & Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 6. (May 2014) (Accessed Feb. 2020).



Medicaid Telehealth Reimbursement

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| Live Video | Geographic Limits | <p>Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May. 2014) (Accessed Feb. 2020).</p> |
| | Facility/Transmission Fee | <p>Reimburses a facility fee.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 4. (May. 2014) & VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Billing Instructions, p. 15 (Feb. 2019); Vision Manual, Billing Instructions, p. 24 (Jul. 2015). (Accessed Feb. 2020).</p> |
| Store-and-Forward | Policy | <p>DMAS reimburses for diabetic retinopathy screening through telemedicine for Medicaid members with Type 1 or 2 diabetes. Radiology related procedures are also included under telemedicine coverage as well as certain codes for teledermatology.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 5-6. (May. 2014) & Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Billing Instructions, p. 21 (May 2017). (Accessed Feb. 2020).</p> <p>Medicare-Medicaid Demonstration Waiver: Participating plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward applications.</p> <p>Source: VA Reg. Text 12VAC30-121-70-B-7. (Accessed Feb. 2020).</p> |
| | Eligible Services/Specialties | <p>Refer to the manual for a full list of CPT and HCPCS codes reimbursable by Virginia Medicaid.</p> <p>Services covered include:</p> <ul style="list-style-type: none"> • Radiology and radiology procedures • Diabetic retinopathy (regardless of the number of fields viewed for all Medicaid Members with Type 1 or Type 2 diabetes) • Outpatient teledermatology <p>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner. Billing Instructions, p. 20-24 (May 2017) & VA Medicaid Memo. Clarification of Medicaid Coverage of Diabetic Retinopathy Screening via Telemedicine. Nov. 9, 2016. (Accessed Feb. 2020).</p> |
| | Geographic Limits | <p>Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May 2014) (Accessed Feb. 2020).</p> |



Medicaid Telehealth Reimbursement

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| Store-and-Forward | Transmission Fee | <p>Reimburses a facility fee.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 4. (May 2014) VA Dept. of Medical Assistant Svcs, Medicaid Provider Manual, Physician/Practitioner-Manual. Covered Services and Limitations, p. 15 (Feb. 2019) (Accessed Feb. 2020).</p> |
| | Policy | <p>Face-to-face encounters for home health services may occur through telehealth.</p> <p>Source: VA Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Home Health Manual, Covered Services and Limitations. p. 4 (Jun. 2017). (Accessed Feb. 2020).</p> <p>VA Medicaid reimburses for Continuous Glucose Monitoring.</p> <p>Source: VA Department of Medical Assistance Services. Medicaid Memo. Clarification of Existing Medicaid Coverage of Continuous Glucose Monitoring for Members in Medicaid/FAMIS/FAMIS MOMS Fee-for-Service Programs. (Oct. 2016) (Accessed Feb. 2020).</p> <p>Medicare-Medicaid Demonstration Waiver: Participating plans shall also have the ability to cover remote patient monitoring.</p> <p>Source: VA Reg. Text 12VAC30-121-70(7). (Accessed Feb. 2020).</p> |
| Remote Patient Monitoring | Conditions | <p>Used for patients with one or more chronic conditions, such as:</p> <ul style="list-style-type: none"> • congestive heart failure • cardiac arrhythmias • diabetes • pulmonary diseases • anticoagulation treatment <p>Enrollee must agree to use of remote patient monitoring.</p> <p>Source: VA Reg. Text 12VAC30-121-20. (Accessed Feb. 2020).</p> <p>Coverage Continuous Glucose Monitoring is limited to members with:</p> <ul style="list-style-type: none"> • Type 1 diabetes • Type 2 diabetes (when over 16 years old) • Pregnant women who are injecting insulin with either Type 1 or 2. <p>Service authorization is required. Additional requirements apply.</p> <p>Source: VA Department of Medical Assistance Services. Medicaid Memo. Clarification of Existing Medicaid Coverage of Continuous Glucose Monitoring for Members in Medicaid/FAMIS/FAMIS MOMS Fee-for-Service Programs. (Oct. 2016) (Accessed Feb. 2020).</p> |
| | Provider Limitations | No reference found. |
| | Other Restrictions | No reference found. |
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Medicaid Telehealth Reimbursement

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| Email / Phone / Fax | <p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 14 (Feb. 2019) & VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 3. (May. 2014) (Accessed Feb. 2020).</p> |
| Consent | <p>No reference found.</p> |
| Out of State Providers | <p>Newly enrolling out-of-state physicians who enter on their enrollment application a service address that is within 50 miles of the Virginia border may be enrolled as in-state providers.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2-3. (May. 2014) (Accessed Feb. 2020).</p> <p>Out-of-state physicians must enroll with DMAS contractors to utilize telemedicine in the Medicaid program.</p> <p>All providers utilizing telemedicine and billing for services must be enrolled with DMAS. All coverage requirements described in the DMAS provider manuals apply when the service is delivered via telemedicine.</p> <p>Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin Updates to Telemedicine Coverage. P. 2-3. (May. 2014) & VA Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 15 (Feb. 2019) (Accessed Feb. 2020).</p> <p>Providers must have the appropriate required license from the Department of Behavioral Health and Developmental Services (http://www.dbhds.virginia.gov/) and enrolled with Magellan. These providers are considered as remote providers.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin Updates to Telemedicine Coverage. P. 6. (May. 2014).</p> |
| Miscellaneous | <p>Use of telemedicine must be noted in the service documentation of the patient record.</p> <p>The originating site provider or designee must attend the encounter with the member, unless the encounter documentation in the patient record notes the reason staff was not present.</p> <p>Source: VVA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 3-4. (May 2014) & Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. And Limitations, p. 15 (Feb. 2019); Psychiatric Services Provider Manual, pg. 17, (Aug. 2018), (Accessed Feb. 2020).</p> <p>Telemedicine also available for limited screening under the Governor’s Access Plan for the Seriously Mentally Ill (GAP).</p> <p>Source: VA Dept. of Medical Assistant Svcs., GAP Manual, p. 3 & 6 (Feb. 2019). (Accessed Feb. 2020).</p> |



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| Medicaid Telehealth Reimbursement | Miscellaneous | <p>See Psychiatric Services Provider Manual for requirements around equipment, professional protocols, and confidentiality.</p> <p>Source: VA Dept. of Medical Assistance Svcs. <i>Psychiatric Services Provider Manual, Covered Services</i>, pg. 17, (Aug. 2018), (Accessed Feb. 2020).</p> <p>Dual Eligibles (Medicare and Medicaid) DMAS established the Commonwealth Coordinated Care program and allows participating plans to reimburse for telehealth for Medicare and Medicaid services as an innovative way to reduce hospital readmissions, reduce ED visits, etc. Participating plans shall encourage the use of telehealth to promote community living and improve behavioral health services. Plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward. Plans shall also have the ability to cover remote patient monitoring.</p> <p>Source: 12VAC30-121-B(7). (Accessed Feb. 2020).</p> | |
| | Definitions | <p>Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient, providing remote patient monitoring services, or consulting with other health care providers regarding a patient’s diagnosis or treatment. ‘Telemedicine services’ does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16 (B). (Accessed Feb. 2020).</p> | |
| Private Payer Laws | Requirements | <p>An insurer shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through face-to-face consultation or contact between a health care provider and a patient for services appropriately provided through telemedicine services.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(C). (Accessed Feb. 2020).</p> <p>Facility fee reimbursement is allowed, but not required.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(D). (Accessed Feb. 2020).</p> <p>Requirements on the coverage of telemedicine services include medically necessary remote patient monitoring services to the full extent that these services are available.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(J). (Accessed Feb. 2020).</p> | |
| | Parity | Service Parity | <p>The treating provider or consulting provider must be reimbursed on the same basis that the insurer is responsible for coverage for the provision of services face-to-face.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(D). (Accessed Feb. 2020).</p> |
| | | Payment Parity | <p>No explicit payment parity.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16, (Accessed Feb. 2020).</p> |



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| Definitions | <p>Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient, providing remote patient monitoring services, or consulting with other health care providers regarding a patient’s diagnosis or treatment. ‘Telemedicine services’ does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16 & Sec. 54.1-3303. (Accessed Feb. 2020).</p> |
| Consent | <p>Informed consent must be obtained and maintained.</p> <p>Source: Telemedicine Guidance. Doc. # 85-12. VA Board of Medicine. P. 3 (October 28, 2018). (Accessed Feb. 2020).</p> |
| Online Prescribing | <p>Practitioners prescribing controlled substances must have a “bona fide” relationship with the patient.</p> <p>Requirements:</p> <ul style="list-style-type: none"> • Obtaining a medical or drug history; • Informing the patient about the benefits and risks of the drug; • Conducting a patient exam, either physically or by the use of instrumentation and diagnostic equipment, through which images and medical records may be transmitted electronically; and • Initiated additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. <p>Practitioners can also prescribe Schedule II-V controlled substances under certain circumstances and in compliance with federal requirements. Additional requirements apply for the prescription of Schedule VI controlled substances via telemedicine.</p> <p>(Effective July 1, 2020) An examination is not required in cases in which the practitioner is an employee or contracted by the Department of Health or local health department and is providing expedited partner therapy. Cases in which the practitioner is an employee of or contracted by the Department of Health or a local health department, a “bona-fide” practitioner-patient relationship is not required for purposes of prescribing Schedule VI antibiotics and antiviral agents.</p> <p>Source: VA Board of Medicine. Telemedicine Guidance Document: 85-12. p. 4 (Oct. 2018) & VA Code Annotated Sec. 54.1-3303. (HB – 1914). (Accessed Feb. 2020).</p> |
| Cross-State Licensing | <p>VA is a member of the Nurses Licensure Compact.</p> <p>Source: Nurse Licensure Compact (Accessed Feb. 2020).</p> <p>Member of the Physical Therapy Compact.</p> <p>Source: Compact Map. Physical Therapy Compact. (Accessed Feb. 2020).</p> |
| Miscellaneous | <p>Telemedicine Guidance from VA Medical Board</p> <ul style="list-style-type: none"> • Prescribing via telemedicine is at the discretion of the prescribing practitioner. • Informed consent must be obtained and maintained. • See guidance for additional requirements. <p>Source: VA Board of Medicine. Telemedicine Guidance Document: 85-12. p. 3-4 (Oct. 2018). (Accessed Feb. 2020).</p> |

