


**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

**Transmittal # 20-07**

**TO:** All Medicaid Providers Billing for Services under the Fee Schedule

**FROM:** Melisa Byrd   
Senior Deputy Director and State Medicaid Director

**DATE:** March 13, 2020

**SUBJECT:** **Medicaid-Reimbursable Telemedicine Services: Reimbursement for Healthcare Services Delivered to a Beneficiary in their Home via Telemedicine**

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The purpose of this transmittal is to notify all Medicaid providers of changes to the standards governing Medicaid reimbursement of health services provided to a beneficiary in their home via telemedicine pursuant to new rules promulgated on March 12, 2020 and December 13, 2019. On March 12, 2020, DHCF adopted an emergency and proposed rule that established authority for Medicaid reimbursable services to be delivered in a beneficiary's home to ensure the health, safety, and welfare of residents is not threatened by a lapse of in-person access to covered healthcare services due to the threat of infection with COVID-19. On December 13, 2019, DHCF issued final rules to establish the authority to provide Medicaid reimbursable services via telemedicine. This transmittal provides additional guidance related to these new authorities to support adoption.

The March 13, 2020 emergency and proposed rule authorizes Medicaid to reimburse providers for health services delivered to a beneficiary in their home via telemedicine and clarifies that distant site providers are responsible for ensuring that technology in use meets the standard of care when the beneficiary's home is the originating site. In addition, the rule outlines the standards governing eligibility for Medicaid beneficiaries receiving healthcare services via telemedicine under the Medicaid fee-for-service and MCO program.

This emergency and proposed rulemaking updates DHCF's Medicaid-Reimbursable Telemedicine Services Notice of Final Rulemaking, which was published in the DC Register on Friday, December 13, 2019. Per the notice, the final rule was adopted on November 26, 2019 and became effective for eligible services rendered on or after that date. This final rule memorializes standards governing the provision of certain Medicaid reimbursable services via telemedicine, including eligible providers, services, and expected processes for service delivery and reimbursement. The attached telemedicine provider guidance document provides additional guidance and information regarding providers authorized to bill for services delivered via telemedicine, services that can be delivered via telemedicine, and how providers should bill for these services.

If you have any questions regarding this transmittal, please contact Jordan Kiszla in the Health Care Reform and Innovation Administration at [Jordan.Kiszla@dc.gov](mailto:Jordan.Kiszla@dc.gov) or by telephone at 202-442-9055.

cc: Medical Society of the District of Columbia  
DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Care Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers

## **DEPARTMENT OF HEALTH CARE FINANCE**

### **NOTICE OF EMERGENCY AND PROPOSED RULEMAKING**

The Director of the Department of Health Care Finance (DHCF), pursuant to the authority set forth in An Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02 (2016 Repl. & 2018 Supp.)) and Section 6(6) of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6) (2018 Repl.)), hereby gives notice of the adoption, on an emergency basis, of an amendment to Section 910, entitled “Medicaid-Reimbursable Telemedicine Services,” of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

This rule proposes emergency changes to the standards governing Medicaid reimbursement of health services provided via telemedicine to allow the District to ensure the accessibility of services to Medicaid beneficiaries if the risk of coronavirus disease (COVID-19) in the District requires quarantine of beneficiaries or providers become inaccessible. DHCF is proposing policy changes to maintain accessibility of services, including allowing services to be provided through telemedicine in a beneficiary’s home on a temporary basis, establishing the requirements for technology to home-related telemedicine services, and making changes necessary to ensure that this service modality is available to Medicaid managed care beneficiaries.

DHCF is proposing the addition of the beneficiary’s home as the originating site because telemedicine provides a service delivery pathway that will help ensure beneficiaries continue to receive health services even if they are unable to access traditional in-person Medicaid services because of their health condition or ability to travel. DHCF is proposing removal of the reference to “fee-for-service” because the standards set forth in this section, and any corresponding requirements set forth under the terms of the managed care contract, should also inform minimum program requirements implemented under District Medicaid managed care program. Finally, DHCF is proposing clarification that distant site providers are responsible for ensuring that technology in use meets the standard of care when the beneficiary’s home is the originating site.

To this end, the rule includes three specific amendments: (1) the addition of a beneficiary’s home as an authorized originating site in subsection 910.7; (2) the removal of the reference to the fee-for-service program in subsection 910.1; and (3) a clarification in new subsection 910.30 that when the originating site is the beneficiary’s home that the distant site provider is responsible for ensuring that the technology in use meets the minimum requirements set forth in subsection 910.3.

DHCF is proposing these originating site changes on a time-limited basis in response to COVID-19, but is interested in receiving comments from District stakeholders on whether DHCF should consider adding the beneficiary’s home as an originating site as a permanent change in future.

Regarding the proposed home as originating site changes, DHCF anticipates that some beneficiaries will access services provided via telemedicine using a smartphone or other consumer electronic devices. Most smartphones or tablets operating on either of the major cellular networks meet the video quality and latency requirements set forth in this section. Importantly, providers should note that the addition of the home as an authorized originating site does not alter patient consent requirements set forth in this section, nor does it alter the ongoing requirement that care be delivered in a manner that is compliant with the Health Insurance Portability and Accountability Act and other applicable laws. DHCF reserves the authority to provide additional guidance to support HIPAA compliance in the telemedicine context as needed. Any guidance will be made available on the DHCF website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).

This rulemaking is set forth on an emergency and proposed basis. Emergency action is necessary to ensure the health, safety, and welfare of residents is not threatened by a lapse of in-person access to qualified practitioners of covered healthcare services due to the threat of infection with COVID-19.

This Emergency and Proposed rulemaking was adopted on March 10, 2020 and shall become effective immediately. The rules will be subsequently published in the *D.C. Register* and will remain in effect for one hundred and twenty (120) days or until July 8, 2020, unless superseded by publication of a Notice of Final Rulemaking in the *D.C. Register*.

The Director of DHCF also gives notice of the intent to take final rulemaking action to adopt these rules in not less than thirty (30) days after the date of publication of this notice in the *D.C. Register*.

**Chapter 9, MEDICAID PROGRAM, of Title 29 DCMR, PUBLIC WELFARE, is amended as follows:**

**Subsection 910.1 is amended to read as follows:**

910.1        The purpose of this section is to establish the Department of Health Care Finance (DHCF) standards governing eligibility for Medicaid beneficiaries receiving healthcare services via telemedicine under the Medicaid program, and to establish conditions of participation for providers who deliver healthcare services to Medicaid beneficiaries via telemedicine.

**Subsection 910.7 is amended to read as follows:**

910.7        An originating site provider shall consist of the following provider types:

- (a)        Hospital;
- (b)        Nursing Facility;
- (c)        Federally Qualified Health Center (FQHC);

- (d) Clinic;
- (e) Physician Group/Office;
- (f) Nurse Practitioner Group/Office;
- (g) DCPS;
- (h) DCPCS;
- (i) 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); and
- (j) Effective March 10, 2020 and ending July 8, 2020, the beneficiary's home or other settings identified in guidance published on the DHCF website at [dhcf.dc.gov](http://dhcf.dc.gov).

**Subsection 910.30 is amended to read as follows:**

910.30 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.

Comments on this proposed rulemaking shall be submitted in writing to Melisa Byrd, Medicaid Director, Department of Health Care Finance, 441 4<sup>th</sup> Street, N.W., 9<sup>th</sup> Floor, Washington, DC 20001, via email to [DHCFPubliccomments@dc.gov](mailto:DHCFPubliccomments@dc.gov), online at [www.dcregs.dc.gov](http://www.dcregs.dc.gov), or by telephone to (202) 442-8742, within thirty (30) days after the date of publication of this notice in the D.C. Register or online at DHCF's website. Additional copies of these rules may be obtained from the above address.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



**TELEMEDICINE PROVIDER GUIDANCE**  
**MARCH 13, 2020**

**I. Introduction**

The D.C. Telehealth Reimbursement Act of 2013 directs Medicaid to “cover and reimburse for healthcare services appropriately delivered through telehealth if the same services would be covered when delivered in person.” Per the aforementioned Act, 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.

The purpose of providing Medicaid reimbursement for medically necessary services via telemedicine is to improve beneficiaries’:

1. Access to healthcare services, with the aim of reducing preventable hospitalizations and emergency department utilization;
2. Compliance with treatment plans;
3. Health outcomes through timely disease detection and review of treatment options; and
4. Choice for care treatment in underserved areas.

Effective June 23, 2016 (for services rendered on or after that date), the District of Columbia Medical Assistance Program (“the Program”) will reimburse eligible providers for eligible healthcare services rendered to Program participants via telemedicine in the District of Columbia. The Program will implement this telemedicine service for both providers and participants in the fee-for-service and MCO program.

Providers must be enrolled in the Program and licensed, by the applicable Board, to practice in the jurisdiction where services are rendered. For services rendered outside of the District, providers shall meet any licensure requirements of the jurisdiction where the patient is physically located. See Appendix B for illustrative examples.

This manual contains information about the telemedicine service program, including provider and participant eligibility, covered services, and reimbursement, consistent with Section 910 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

## **II. Telemedicine Service Model**

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. Eligible services can be delivered via telemedicine when the beneficiary is at the originating site,<sup>1</sup> while the eligible “distant” provider renders services via the audio/video connection.

The Program will not reimburse for service delivery using e-mail messages or facsimile transmissions.

## **III. Participant Eligibility**

The program shall reimburse approved telemedicine providers only if participants meet the following criteria:

1. Participants must be enrolled in the District of Columbia Medical Assistance Program;
2. Participants must be physically present at the originating site at the time the telemedicine service is rendered<sup>1</sup>; and
3. Participants must provide written consent to receive telemedicine services in lieu of in-person healthcare services, consistent with all applicable District laws.

## **IV. Provider Site Eligibility<sup>2</sup>**

The following shall be considered an *originating site* for service delivery via telemedicine.<sup>3</sup>

- Hospital
- Nursing Facility

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<sup>1</sup> When clinically indicated, an originating site provider or its designee shall be in attendance during the patient’s medical encounter with the distant site professional. An originating site provider shall not be required to be in attendance when the beneficiary prefers to be unaccompanied because the beneficiary feels the subject is sensitive. An originating site provider shall note their attendance status in the patient’s medical record.

<sup>2</sup> All individual practitioners shall be licensed in accordance with the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201 et seq. (2007 Repl. & 2012 Supp.)) or the jurisdiction where services are rendered and any implementing regulations.

<sup>3</sup> Providers will not receive add-on payments such as transaction fees or facility fees; to receive reimbursement; originating site providers must deliver an eligible service, distinct from the service delivered at the distant site, in order to receive reimbursement

- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- District of Columbia Public School (DCPS)
- District of Columbia Public Charter School (DCPCS)
- Mental Health Rehabilitation Service (MHRS) provider, Adult Substance Abuse Rehabilitation Service (ASARS) provider, and Adolescent Substance Abuse Treatment Expansion Program (ASTEP) provider<sup>4</sup>
- The beneficiary's home or other settings identified in guidance published on the DHCF website at dhcf.dc.gov.

The following providers shall be considered a *distant site* for service delivery via telemedicine. Distant site providers may only bill for the appropriate codes outlined in Appendix A.

- Hospital
- Nursing Facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- DCPS
- DCPCS
- MHRS provider, ASARS provider, and ASTEP provider<sup>5</sup>

## **V. Provider Reimbursement**

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. For originating site providers, exceptions to Medicaid reimbursement are outlined in Sections VI, VII, and VIII. For distant site providers, medically necessary services that can reasonably be delivered using technology-assisted communication are specified in Appendix A.

Telemedicine providers will submit claims in the same manner the provider uses for in person services. When billing for services delivered via telemedicine, distant site providers shall enter the "GT" (via real-time interactive video-audio communication) procedure modifier on the claim.

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<sup>4</sup> MHRS, ASARS, and ASTEP providers must have the appropriate required certification from the Department of Behavioral Health

<sup>5</sup> Providers must have the appropriate required certification from the Department of Behavioral Health



Additionally, the distant site provider must report the *National Provider Identifier* (NPI) of the originating site provider in the “referring provider” portion of the claim. In the event the beneficiary’s home is the originating site, the distant site provider must bill using the GT modifier and specify the place of service “02”.

Services billed where telemedicine is the mode of service delivery, but the claim form and/or service documentation do not indicate telemedicine (using the procedure modifiers or appropriate revenue codes and indicating the originating site provider’s provider identification number) are subject to disallowances in the course of an audit.

For more information on distant site services that can reasonably be delivered via telemedicine, please see Appendix A of this guidance.

## **VI. Federally Qualified Health Center (FQHC) Reimbursement**

In accordance with the District’s Prospective Payment System (PPS) or alternative payment methodology (APM) for FQHCs, the following reimbursement parameters will be established for the purposes of telemedicine in the District:

- Originating Site: An FQHC provider must deliver an FQHC-eligible service in order to be reimbursed the appropriate PPS, APM, or fee-for-service (FFS) rate at the originating site;
- Distant Site: An FQHC provider must deliver an FQHC-eligible service that is listed in Appendix A in order to be reimbursed the appropriate PPS, APM, or FFS rate; and
- Originating and Distant Site: If both the originating and the distant site are FQHCs, for both to receive reimbursement, each site must deliver a different PPS or APM service (e.g. medical or behavioral). If both sites submit a claim for the same PPS or APM service (e.g. medical), then only the distance site will be eligible to receive reimbursement.

## **VII. Local Education Agency (LEA) Reimbursement**

In accordance with the DCPS/DCPCS Medicaid payment methodology, the following reimbursement parameters will be established for the purposes of telemedicine in the District:

- The LEA shall only bill for distant site services listed in Appendix A that are allowable healthcare services to be delivered at DCPS/DCPCS;
- The LEA shall provide an appropriate primary support professional to attend the medical encounter with the member at the originating site. In instances where it

is clinically indicated, an appropriate healthcare professional shall attend the encounter with the member at the originating site.<sup>1</sup>

## **VIII. Covered Services**

A description of services that may be delivered via telemedicine is included in Appendix A. The services include:

- 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; and,
- Speech therapy.

## **IX. Excluded Services**

The Program will not reimburse telemedicine providers for the following:

- Incomplete delivery of services via telemedicine, including technical interruptions that result in partial service delivery.
- When a provider is only assisting the beneficiary with technology and not delivering a clinical service.
- For a telemedicine transaction fee and/or facility fee.
- For store and forward and remote patient monitoring.

## **X. Technical Requirements**

Providers delivering healthcare services through telemedicine shall adopt and implement technology in a manner that supports the standard of care to deliver the required service. Equipment utilized for telemedicine must be of sufficient audio quality and visual clarity as to be functionally equivalent to a face-to-face encounter for professional medical services.

Providers shall, at a minimum, meet the following technology requirements:

- Use a camera that has the ability to manually, or, under remote control, provide multiple views of a patient with the capability of altering the resolution, focus, and zoom requirements according to the consultation
- Use audio equipment that ensures clear communication and includes echo cancellation;
- Ensure internet bandwidth speeds sufficient to provide quality video to meet or exceed 15 frames per second;

- Use a display monitor size sufficient to support diagnostic needs used in the telemedicine service; and
- Use technology that creates video and audio transmission with less than 300 milliseconds.
- 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.

#### **XI. Medical Records**

The originating and distant site providers shall maintain documentation in the same manner as during an in-person visit or consultation, using either electronic or paper medical records, which shall be retained for a period of ten (10) years or until all audits are completed, whichever is longer.

#### **XII. Confidentiality**

A telemedicine provider shall develop a confidentiality compliance plan in accordance with guidance from the Department of Health and Human Services, Office of Civil Rights, available at: <http://www.hhs.gov/sites/default/files/hipaa-simplification-201303.pdf> to incorporate appropriate administrative, physical, and technical safeguards around data encryption (both in transit and at rest) and to protect the privacy of telemedicine participants and ensure compliance with the Health Insurance, Portability, and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act of 2009.

#### **XIII. Telemedicine Program Evaluation Survey**

As a condition of participation, Medicaid providers delivering services via telemedicine will be required to respond to requests for information in the form of a telemedicine program evaluation survey from the Department of Health Care Finance. Effective 2017, DHCF shall send the survey to providers no more than once every three (3) months via email or regular US mail. A provider shall have thirty (30) calendar days to respond to the survey via email or regular US mail. The survey aims to evaluate the utilization of telemedicine services among the Medicaid beneficiaries.

#### **XIV. Definitions**

Bandwidth: A measure of the amount of data that can be transmitted at once through a communication conduit.

Data Encryption: The conversion of electronic data into another form which cannot be easily understood by anyone except authorized parties.

Designee: A person designated by the provider based on the person's clinical or administrative qualification to facilitate the delivery of health services by way of telemedicine at the originating site.

Distant Site: The remote setting of the eligible Medicaid provider who may furnish a healthcare service via a telecommunications system.

Echo Cancellation: A process which removes unwanted echoes from the signal on an audio and video telecommunications system.

Facility Fee: An add-on payment to a provider for the use of their facility for telemedicine.

Incomplete Service: A clinical service that is not full rendered, including but not limited to technical interruptions or other interruptions leading to the partial delivery of care.

Originating Site: The setting where an eligible Medicaid beneficiary is located at the time the healthcare service furnished via a telecommunications system occurs.

Primary Support Professional: An individual designated by the school to provide supervisory services for medically necessary services. Examples of who might fulfill this function include paraprofessionals, classroom teachers, resource room staff, library media specialists, any other certified or classified school staff members.

Remote Patient Monitoring: A digital technology that collects medical and/or health data from individuals in one location and electronically transmits that information securely to healthcare providers in a different location for assessment and recommendations.

Store and Forward: A technology that allows for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos through secure email transmission.

Supervisory Services: The oversight of services delivered via telemedicine by a primary support professional at the originating site.

Transaction Fee: An add-on payment to a provider for delivering a service via telemedicine.

**Appendix A. Eligible Distant Site Services under Telemedicine Coverage**

<b>CPT, HCPCS Billing Codes (or subsequent codes); Modifiers</b>	<b>Brief Service Description</b>
GT + 90791-90792	Psychiatric diagnostic evaluation
GT + 90832-90834, 90836-90838	Individual psychotherapy
GT + 90839-90840	Psychotherapy for crisis
GT + 90845	Psychoanalysis
GT + 90846	Family psychotherapy (without patient present)
GT + 90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
GT + 90853	Group psychotherapy (other than of a multiple-family group)
GT + 92507-92508, 92521-92524	Speech therapy
GT + 96151-96155	Health and behavior assessment
GT+ 99201-99205, 99211-99215, 99221-99223, 99231-99233, 99304-99306, 99307-99310, 99281-99285 and 99288	Evaluation and management (office or other outpatient, initial and subsequent hospital care, initial and subsequent physician nursing home care, emergency room outpatient)
GT + 99241-99245 99251-99255	Consultation of an evaluation and management of a specific problem requested by originating site provider
GT + H0002	Behavioral health screening to determine eligibility for admission to treatment program
GT + H0004	Behavioral health counseling
GT + H0034	Medication training and support
GT + H0039	Assertive Community Treatment
GT + H2022	Community-Based Wrap Around Services
GT + T1015 SE	Clinic visit/encounter all-inclusive <sup>6</sup>
GT + T1023	Screening to determine the appropriateness of a consideration of an individual for participation in a specified program

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<sup>6</sup> FQHCs must deliver an FQHC-eligible service listed in Appendix A in order to be reimbursed for this code

## Appendix B. Illustrative Examples of Telemedicine Licensure Requirements

Example 1: Both Providers and Patient Physically Located in DC

	<b>Originating Site Provider</b>	<b>Distant Site Provider</b>
<b>Physical Location at Time of Service</b>	DC	DC
<b>Licensure Requirements</b>	Licensed in DC, by the applicable Board	Licensed in DC, by the applicable Board

Example 2: Originating Site Provider and Patient Located in DC; Distant Site Provider in MD

	<b>Originating Site Provider</b>	<b>Distant Site Provider</b>
<b>Physical Location at Time of Service</b>	DC	MD
<b>Licensure Requirements</b>	Licensed in DC, by the applicable Board	Licensed in MD, by the applicable Board; and  Unless otherwise allowable, licensed in DC, by the applicable Board

Example 3: Originating Site Provider and Patient Located in MD; Distant Site Provider in DC

	<b>Originating Site Provider</b>	<b>Distant Site Provider</b>
<b>Physical Location at Time of Service</b>	MD	DC
<b>Licensure Requirements</b>	Licensed in MD, by the applicable Board	Licensed in DC, by the applicable Board; and  Compliant with any applicable telemedicine-related requirements/regulations in MD

Example 4: Originating Site Provider and Patient Located in MD; Distant Site Provider in VA

	<b>Originating Site Provider</b>	<b>Distant Site Provider</b>
<b>Physical Location at Time of Service</b>	MD	VA
<b>Licensure Requirements</b>	Licensed in MD, by the applicable Board  Compliant with any applicable telemedicine-related requirements/regulations in VA	Compliant with any applicable telemedicine-related requirements/regulations in MD