On March 12, 2020, DHCF adopted an emergency and proposed rule that established authority for Medicaid to pay for telemedicine services delivered in a beneficiary’s home.

On March 19, 2020, in response to the coronavirus (COVID-19) public health emergency under the Mayor’s authority, DHCF authorized payment for audio-only visits delivered via telephone, temporarily suspending provisions of the District of Columbia Telehealth Reimbursement Act of 2013 that indicate “services delivered through audio-only telephones… are not included” in the definition of telehealth.

Additional guidance has been published clarifying that it is allowable for providers to work remotely and collect consent verbally if services are appropriately documented and meet the standard of care.

Providers must use the "GT" procedure modifier on the claim to indicate they have delivered the service via real-time interactive video-audio communication. A distant site provider must report the National Provider Identifier (NPI) of the originating site provider in the "referring provider" portion of the claim. If the beneficiary’s home is the originating site, the distant provider must bill using the GT modifier and specify the place of service "02."

Telemedicine is a mode of care that delivers healthcare services through 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 an originating site, including home, while an eligible “distant” provider renders and bills for the services.

Q: HOW CAN TELEMEDICINE HELP DURING COVID-19?

A: Telemedicine can help during a lapse of in-person access to covered healthcare services due to the threat of infection with COVID-19.

THERE SERVICES DOES DC MEDICAID TELEMEDICINE PAY FOR?

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Do I need a HIPAA Compliant Telemedicine Product?

HHS Relaxes HIPAA Requirements for Use of Communication Technologies

On March 17, 2020, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.

Non-HIPAA BAA communication technologies include tools such as FaceTime, Facebook Messenger video chat, Google Hangouts video, etc.

Providers should understand that using a non-HIPAA compliant third-party application without an established business associate agreement (BAA) introduces privacy and security risks. In addition, use of these tools does not guarantee a provider from other legal action concerning the failure to protect a beneficiary’s Protected Health Information (PHI).

Many electronic health record (EHR) vendors such as eClinicalWorks have telemedicine modules that may be implemented relatively easily. In addition, DHCF has curated a list of stand-alone HIPAA compliant telemedicine products in TABLE 1 below that have relatively low startup costs or are free for a trial period. DHCF does not endorse these products or services and is not held liable for the content or use of these products or services.

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>COST</th>
<th>FEATURES</th>
<th>IMPLEMENTATION</th>
</tr>
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</table>
| Doxy.me | Free option | Provider package:  
- Patient queue  
- Live chat  
- HIPAA compliance with BAA  
- Patient check-in  
- Clinician dashboard  
Clinic package (above +):  
- Custom branding  
- Dedicated landing page  
- Analytics for landing page: usage, monitor trends, etc. | Provider signs up and creates a ‘room name’ (this will turn into a URL shared with patients) and signs a BAA.  
The solution is web-based; no download is needed.  
Provider can invite patients via a personal link to join waiting room. |
| Microsoft Teams | 6-month free trial for COVID-19 telemedicine use | Microsoft provides a HIPAA BAA  
Videoconferencing  
Chat | Sign up with a Microsoft account and sign a BAA.  
Provider can invite patients via a generated link.  
Patient can easily click a link and join via downloadable client, or edge. |
| Updox | $49 per provider/month | HIPAA compliance with BAA  
Video chat  
Texting feature  
Web-based solution | Sign up and purchase an account and sign a BAA.  
The solution is web-based; no download is needed.  
Provider can invite patients or contacts from the Updox address book or share an invitation link by entering a recipient’s email address or cell phone number. |
| Zoom | $200 per month (minimum 10 account hosts = number of licenses)  
$1,999.00 per year before taxes ($166.58/month) | HIPAA compliance with BAA  
Patient waiting room feature  
Integrates with Epic  
Only transmits encrypted information  
Recorded session review  
Medical device integration | Sign up and purchase a monthly or annual plan and sign BAA contract (via Zoom sales).  
Download software on phone or computer.  
Provider can invite patients via a generated link.  
Patient can easily click the link and join via downloadable client, or edge. |

TABLE 1: HIPAA COMPLIANT TELEMEDICINE PRODUCTS

Do I need TA support to implement telemedicine in your practice? Contact Lee Emeni lemeni@e-healthdc.org at eHealth DC or Michael Dark mdark@zanenetworks.com at Enlightened, Inc for more information.

Policy questions? Contact Jordan Kiszla Jordan.Kiszla@dc.gov Project Manager at DHCF

RESOURCES

- DHCF Telemedicine Rule & Guidance
- Doxy.me
- Microsoft Teams
- Updox
- Zoom
- American Telemedicine Association