

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



**TELEMEDICINE PROVIDER GUIDANCE CLARIFICATION “BENEFICIARY’S HOME OR OTHER SETTINGS”**  
**MARCH 2023**

**I. Purpose**

This guidance seeks to clarify the definition of “the beneficiary’s home or other settings” as listed on page 3, Section IV., Provider Site Eligibility, of DHCF [Provider Telemedicine Guidance](#) published January 2023.

**II. Background**

Medicaid reimbursement for medically necessary services via telemedicine improves 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.

DHCF recognizes that individuals may need or desire to access telehealth from settings other than their home, or, as in the instance of individuals experiencing homelessness, do not have a home from which to make a telehealth appointment. DHCF intends to ensure that beneficiaries can have broad access to telehealth appointments where they deem that they can safely do so. This may include an individual’s car, workplace, friend or family member’s house, homeless shelter, or public park.

**III. Clarification of Definition**

DHCF defines “the definition of “the beneficiary’s home or other settings” to include temporary lodging, such as hotels and homeless shelters. Additionally, for circumstances where the patient, for privacy or other personal reasons, chooses to travel a short distance from the exact home location during a telehealth service, the service is still considered to be furnished” in the home of an individual. This definition aligns with CMS guidance.<sup>1</sup>

**IV. Provider Action**

When “the beneficiary’s home or other settings” is the originating site, the distant site provider must specify the place of services (POS) as “10,” which is defined as “telehealth provided in the patient’s home”.

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<sup>1</sup> See page 64 of the *CMS Final Rule Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-Payment Medical Review Requirements* <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf>

Providers must continue to meet all other requirements for the provision of telehealth in the District of Columbia Medical Assistance Program including but not limited to meeting technology requirements, obtaining beneficiary consent, and providing a covered service.