

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



Office of the Senior Deputy Director and Medicaid Director

Transmittal # 23-11

**TO:** District of Columbia Medicaid Providers

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

**DATE:** January 26, 2023

**SUBJECT: Updated Telemedicine Provider Guidance with Revised Billing Requirements**

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**Purpose**

The purpose of this transmittal is to alert providers that an updated Telemedicine Provider Guidance document has been published with revised billing requirements to more accurately capture the type and location of telemedicine services. The updated Telemedicine Provider Guidance can be found here: <https://dhcf.dc.gov/page/telemedicine>

**Background**

Section 910 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations is entitled “Medicaid-Reimbursable Telemedicine Services” and establishes standards by which telemedicine services can be delivered. Consistent with these regulations, DHCF has published and periodically updated the Telemedicine Provider Guidance document.

**Updated Telemedicine Provider Guidance with Revised Billing Requirements**

The Telemedicine Provider Guidance document was updated in January 2023. Changes were made in section V (Provider Reimbursement).

Previously, providers were directed to use the “GT” procedure modifier on all telemedicine claims. As detailed in the Telemedicine Provider Guidance document, distant site providers shall now enter the “GT” procedure modifier on claims only for services delivered via video-audio telemedicine. When billing for any audio-only telemedicine services, distant site providers shall enter the new “93” procedure modifier on the claim.

Additionally, the distant site provider must appropriately specify the place of service (POS) using the following POS codes:

- In the event the beneficiary’s home is the originating site, the distant site provider must specify the place of service “10” which is defined as “telehealth provided in patient’s home”.
- In the event a DC Public School (DCPS) or DC Public Charter School (DCPCS) is the originating site, the distant site provider must specify the place of service “03” which is defined as “school”.

- In the event the beneficiary is at any other eligible originating site (as defined in section IV of the Telemedicine Provider Guidance document), the distant site provider must specify the place of service “02” which is defined as “telehealth provided other than in patient’s home”. When utilizing place of service “02”, the distant site provider must also report the National Provider Identifier (NPI) of the originating site provider in the “referring provider” portion of the claim.

These billing requirement changes were made to maintain consistency with recently issued American Medical Association (AMA) and CMS guidance.

Effective March 1<sup>st</sup>, 2023, District health care providers rendering services to beneficiaries in Medicaid fee-for-service, Medicaid managed care, Health Care Alliance, and Immigrant Children’s programs must comply with these revised billing requirements.

**Contact**

For questions regarding this transmittal, please contact Allie Liss, Project Manager, Department of Health Care Finance (DHCF) at [allie.liss@dc.gov](mailto:allie.liss@dc.gov) or (202) 899-3686.

- Cc:** DC Hospital Association  
DC Primary Care Association  
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DC Coalition of Disability Service Providers  
Medical Society of DC