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, 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 [DATE], the District of Columbia Medical Assistance Program ("the Program") will reimburse 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 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 he/she is physically located and the jurisdiction where the patient is physically located.

This manual contains information about the telemedicine service program, including provider and participant eligibility, covered services, and reimbursement, consistent with [INSERT RULE CITATION].

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 with an eligible provider at the originating site,[1] while the eligible "distant" provider renders services via the audio/video connection. The Program will

[1] An originating site provider or its designee shall be in attendance during the patient's medical encounter with the distant site professional, except when the beneficiary prefers to be unaccompanied because the beneficiary feels the subject is sensitive. Sensitive subjects may include counseling related to abuse, or other psychiatric matters. Any exceptions should be noted in the patient's medical record.

not reimburse for service delivery using audio-only telephones, 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[1]; and
3. Participants must provide written consent to receive telemedicine services in lieu of face-to-face healthcare services.

IV. Provider Site Eligibility[2]

The following providers shall be considered an originating site for service delivery via telemedicine.[3]

- Hospital
- Nursing Facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- DCPS
- DCPCS
- Core Service Agency[4]

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

[2] 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.

[3] 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

[4] CSA providers must have the appropriate required certification from the Department of Behavioral Health

- DCPCS
- Core Service Agency[5]

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. Additionally, the distant site provide must report the National Provider Identifier (NPI) of the originating site provider in the "referring provider" portion of the claim. 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) 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 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 or FFS rate; and
- Originating and Distant Site: In instances where the originating site is an FQHC, the distance site is an FQHC, and both sites deliver a service eligible for the same clinic visit/encounter all-inclusive PPS code, only the distance site will be eligible to be reimbursed for the appropriate PPS rate for an FQHC-eligible service listed in Appendix A.

VII. Local Education Agency (LEA) Reimbursement

[5] Providers must have the appropriate required license from the Department of Behavioral Health

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 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. [1]

VIII. Core Service Agency (CSA) Reimbursement

In accordance with the District's Medicaid Reimbursement Guidelines for Mental Health Rehabilitation Services (MHRS), the following reimbursement parameters will be established for the purposes of telemedicine in the District:

- In instances where the originating site is a CSA and the distance site is a CSA and the same provider identification number is used at both sites, only the distance site will be eligible for reimbursement for the CSA-eligible service listed in Appendix A.

IX. 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
- Rehabilitation services including speech therapy.

X. 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

XI. 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.

XII. 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.

XIII. 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.

XIV. 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 within the Medicaid fee-for-service population

XV. Definitions

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

Core Service Agency- A Department of Behavioral Health (DBH) certified community-based mental health provider that has entered into a Human Care Agreement with DBH to provide specified mental health rehabilitation services.

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

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.

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

Appendix A. Eligible Distant Site Services under Telemedicine Coverage

CPT, HCPCS Billing Codes (or subsequent codes); Modifiers	Brief Service Description
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 + 92506-92508, 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 + H0039	Assertive Community Treatment
GT + H2022	Community-Based Wrap Around Services
GT + T1015 SE	Clinic visit/encounter all-inclusive[6]
GT + T1023	Screening to determine the appropriateness of a consideration of an individual for participation in a specified program

[6] FQHCs must deliver an FQHC-eligible service listed in Appendix A in order to be reimbursed for this code