

SPECIAL BULLETIN COVID-19 Telehealth Provisions - Coding Policy Clarification

To All MedStar Family Choice-DC Contracted Providers:

In response to the state of emergency, the Department of Health Care Finance (DHCF) has issued several memos related to the **temporary** expansion of virtual and audio-only telehealth services so that healthcare providers are able to deliver healthcare services at sites other than the sites at which patients are located.

MedStar Family Choice-District of Columbia (MFC-DC) is following the guidance issued by DHCF. Below is an outline of our policy related to virtual and audio-only telehealth services.

1. Telehealth is defined as the delivery of healthcare services using interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment.
2. Services delivered through audio-only telephones, electronic mail messages, or facsimile transmission are now **temporarily** included.
3. When billing for services delivered via telemedicine providers shall enter the “GT” (via real time interactive video-audio communication) procedure modifier on the claim.
4. Provider must also use place of service (POS) code “02” if the beneficiaries home is the originating site of the telemedicine service.
5. Eligible telehealth services are listed on DC Medicaid fee schedule with the associated “GT” modifier.

DHCF Telemedicine Documentation Requirements—Effective January 1, 2021 (DHCF Transmittal 20-42)

In support of the following rule detailed in 29 DCMR 910.19 to “*maintain complete and accurate beneficiary records of services provided*” the following must be documented:

1. The modality of service used to deliver the service (e.g. audio/visual, audio-only, etc.).



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2. The patient's telephone number, cellphone number, or other information on how communications were established with the patient based on the mode of communication used to deliver the service via telemedicine.
3. Any other requirements applicable to the specific health service, per District law or regulation.

Under the rule of 29 DCMR 910.19, providers are required to “maintain complete and accurate beneficiary records of services provided (not to include videos) for each beneficiary that document the specific healthcare services provided to each beneficiary for a period of ten (10) years or until all audits are completed, whichever is longer.”

Additionally, under this rule “[a]ll beneficiary, personnel and telemedicine program administrative and fiscal records shall be maintained so that they are accessible and readily retrievable, upon request, for inspection and review or audit by DHCF, the federal Centers for Medicare and Medicaid Services, and other authorized government officials or their agents” (29 DCMR 910.19).

Additional resource material on the content included in this memo can be found online at:

www.dhcf.dc.gov

[Interactive DC Medicaid Fee Schedule](#)

[DHCF Transmittal 20-42](#)

[2020 DC Telemedicine Coding Guide](#)

If you have questions, please contact the MFC-DC Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m.

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