

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance
Health Care Delivery Management Administration
Division of Children's Health Services



**Guidance on Strong Start/Early Intervention Service Delivery Through Telemedicine
During DC Public Health Emergency**

Please see below for a series of Q&As developed for OSSE's Strong Start/Early Intervention Program services.

1. What Early Intervention (EI) services will DHCF cover through telehealth during the COVID-19 pandemic? Will telehealth cover more than speech therapy as previously discussed?

Yes---there are more services that can be covered and reimbursed through telemedicine that are delivered through the Strong Start/Early Intervention program than previously discussed. DHCF will cover services that follow the categories of healthcare services set forth in DHCF's rule and can reasonably be delivered at the standard of care via telemedicine.

Telemedicine is allowable for Medicaid services that can reasonably be delivered at the standard of care via telemedicine. Under DHCF's telemedicine rule, Medicaid reimbursement is allowable for four categories of healthcare services: (a) Evaluation and management; (b) Consultation, evaluation and management of a specific healthcare problem requested by an originating site provider; (c) Behavioral healthcare services including, but not limited to, psychiatric evaluation and treatment, psychotherapies, and counseling; and d) speech therapy. Appendix A lists most, but not all codes on the [DHCF fee schedule](#) that can appropriately be delivered and reimbursed as telemedicine services. Individual MCOs may cover additional services at their discretion.

DHCF shared updated telemedicine guidance on March 19th that clarifies qualifying services can be reimbursed to OSSE when provided through telehealth. Section seven of the telemedicine guidance includes information on EI services.

“The scope of covered Medicaid telemedicine-services includes individual fee-for-service providers that deliver services under the Office of the State Superintendent of Education (OSSE) through the Strong Start DC Early Intervention Program (DC EIP). OSSE shall only bill for distant site services listed in Appendix A that are allowable healthcare services to be delivered by the individual fee-for-service providers delivering DC EIP services under them.”

As noted in DHCF's general telemedicine rule and guidance above, OSSE can bill for services that can be reasonably delivered at the standard of care via telemedicine through the allowable categories of healthcare services, including but not limited to the services identified in Appendix A.

Appendix A, as noted in the telemedicine guidance, can be found at the end of this document.

The most recent guidance can be found [here](#). As additional guidance on coding for telemedicine is developed for the provider community, we will get to OSSE.

2. Will MCOs cover ABA, OT, and PT services in a telehealth environment or will OSSE have to reimburse for those?

The Managed Care Organizations (MCO) should cover the same telemedicine services as fee-for-service, indicated in the telemedicine guidance noted above and linked [here](#). As explained above, Appendix A outlines most CPT codes or services that are allowable through telemedicine; please refer to the language in the telemedicine rule outlining the four categories of services that are reimbursable. However, individual MCOs can also cover additional services at their discretion.

3. Will the MCOs have to implement the same privacy and security protocols for service delivery provided through telehealth as they would otherwise use for face-to-face interactions?

MCOs are expected to implement the same protocols for service delivery, including modified consent and platform suitability and HIPAA compliance (see further guidance below).

4. Is verbal consent accepted for telehealth services?

Yes, verbal consent is allowable during the COVID-19 public health emergency. Modified language to address written consent through telemedicine has been added to the most recent version of the guidance and seen below.

“A provider shall document the beneficiary’s consent to receive telemedicine services in writing. Written consent includes any method that documents in writing the beneficiary’s agreement to receive the services via telemedicine, including but not limited to an e-mail, text message, or signed PDF. In emergency circumstances, a detailed service note that describes the beneficiary’s consent and the reasons why a separate written consent was not available at the time of service is acceptable.”

The most recent guidance noting modified consent can be found [here](#).

5. Are video call systems that are not HIPAA compliant such as FaceTime, Webex, or Vimeo acceptable to carry out telemedicine visits? If not, does DHCF have a list of recommended tools for providers to use that are HIPAA compliant?

Yes, the HIPAA requirement for telemedicine communication platforms has been waived during this public health emergency. The telehealth transmittal highlights changes to the HIPAA requirement. A portion of the language from the transmittal can be found below.

“On March 17, 2020, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) announced, effective immediately, 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.”

The full guidance on HIPAA requirements for telemedicine tools can be found [here](#).

DHCF shared a draft informational document on the HIPAA approved platforms, some including BlueStream Health, Doxy.me, eCW Healow TeleVisits, GoToMeeting, Microsoft Team, UpDox, Vsee, and Zoom. A final document that can be shared with the public is in development.

6. Will telephonic or audio-only services be acceptable?

Yes, audio-only services are acceptable through telemedicine during this public health emergency. The telehealth transmittal highlights changes to audio-only services and the HIPAA requirements. A portion of the language from the transmittal can be found below.

“On March 18, 2020 in response to further guidance for the Centers for Disease Control and Prevention and public need to expand access to telemedicine services, under the Mayor’s authority, DHCF authorizes payment for audio-only visits delivered via telephone. This action temporarily suspends provisions of the District of Columbia Telehealth Reimbursement Act of 2013 that indicate “services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included” in the definition of telehealth.”

The full guidance on audio-only services can be found [here](#).

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 + 92507-92508, 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 + H0001	Behavioral health diagnostic assessment
GT + H0002	Behavioral health screening to determine eligibility for admission to treatment program
GT + H0004	Behavioral health counseling
GT + H0007 HF	Crisis Intervention
GT + H0016	Medication Management
GT + H0034	Medication training and support
GT + H0036	Community Support
GT + H0039	Assertive Community Treatment
GT + H2011	Crisis Emergency
GT + H2014	Recovery Support Services

GT + H2022	Community-Based Wrap Around Services
GT + H2025	Supported Employment, Vocational
GT + H2033	Multi-systemic Therapy
GT + T1015 SE	Clinic visit/encounter all-inclusive ⁶
GT + T1017 HF	Clinical Care Coordination
GT + T1023	Screening to determine the appropriateness of a consideration of an individual for participation in a specified program