

District of Columbia



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: No
- Remote Patient Monitoring: No
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: IMLC, PSY, PTC
- Consent Requirements: Yes

STATE RESOURCES

1. Medicaid Program: District of Columbia Medicaid
2. Administrator: District of Columbia Dept. of Health Care Finance
3. Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 06/05/2024

“Telehealth” means 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 email messages or facsimile transmissions are not included.

SOURCE: DC Code Sec. 31-3861. (Accessed Jun. 2024).

REQUIREMENTS

Last updated 06/05/2024

Health insurers are required to pay for telehealth services if the same service would be covered when delivered in-person.

A health insurer shall reimburse the provider for the diagnosis, consultation, or treatment of the insured when the service is delivered through telehealth.

A health insurer may require a deductible, copayment, or coinsurance that may not exceed the amount applicable to the same service delivered in-person. A health insurer shall not impose any annual or lifetime dollar maximum on coverage for telehealth services other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services under the health benefits plan.

SOURCE: DC Code Sec. 31-3862. (Accessed Jun. 2024).

PARITY

Last updated 06/05/2024

SERVICE PARITY

A health insurer offering a health benefits plan in the District may not deny coverage for a healthcare service on the basis that the service is provided through telehealth if the same service would be covered when delivered in person.

A health insurer must reimburse a provider for the diagnosis, consultation or treatment of the patient when the service is delivered by telehealth.

SOURCE: DC Code Sec. 31-3862. (Accessed Jun. 2024).

PAYMENT PARITY

No explicit payment parity.

Medicaid

OVERVIEW

Last updated 06/05/2024

Medicaid is required to cover healthcare services appropriately delivered through telehealth if the same services would be covered when delivered in person. Medicaid enrolled providers are eligible to deliver telemedicine services at the same rate as in-person consultations. Medicaid is also now covering audio-only telehealth. Medicaid continues to not cover asynchronous telehealth or remote patient monitoring, and billing manuals still reference an exclusion of audio-only in addition to e-mail and fax.

Source: DC Code 31-3863; DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.2. & 910.13.; Telemedicine Provider Guidance, Jan. 2023. (Accessed Jun. 2024).

DEFINITIONS

Last updated 06/05/2024

Telemedicine is a service delivery model that delivers healthcare services through a two-way, real time interactive video-audio communication or audio-only communication for the purpose of evaluation, diagnosis, consultation, or treatment.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.2; Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 2. (Accessed Jun. 2024).

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.

SOURCE: Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.1, P. 51; FQHC Billing Manual (Oct. 2023), 15.1, P. 51.; Clinic Billing Manual (Sept. 2023) 15.1, P. 49.; Behavioral Health Billing Manual (Feb. 2024) 14.1, p. 68. (Accessed Jun. 2024).

“Telehealth” means 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 email messages or facsimile transmissions are not included.

SOURCE: DC Code Sec. 31-3861 & Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 1, (Accessed Jun. 2024).

“Telehealth” means the delivery of healthcare services using 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.

SOURCE: Physicians Billing Manual, DC Medicaid (Jan. 2024). Section 15, p. 51. Clinic Billing Manual (Sept. 2023) 15, P. 49; Behavioral Health Billing Manual (Feb. 2024) 14, p. 68. FQHC Billing Manual (Oct. 2023), 15, P 51. (Accessed Jun. 2024).

For the purposes of coverage by the Department of Health Care Finance (DHCF), telehealth and telemedicine shall be deemed synonymous.

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 1 & Physicians Billing Manual, DC Medicaid (Jan. 2024). Section 15, p. 51. Clinic Billing Manual (Sept. 2023) 15, P. 49; Behavioral Health Billing Manual (Feb. 2024) 14, p. 68. FQHC Billing Manual (Oct. 2023), 15, P 51. (Accessed Jun. 2024).

LIVE VIDEO

Last updated 06/05/2024

POLICY

DC Medicaid must reimburse for health care services through telehealth if the same service would be covered when delivered in person.

SOURCE: DC Code Sec. 31-3863 (Accessed Jun. 2024).

The DC Medical Assistance Program will reimburse telemedicine services, if the Medicaid beneficiary meets the following conditions:

- Be enrolled in the DC Medicaid Program;
- Be physically present at the originating site at the time the telemedicine service is rendered; and
- Provide written or verbal consent to receive telemedicine services in lieu of in-person healthcare services, consistent with all applicable DC laws.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.5, Physicians Billing Manual. DC Medicaid. Jan. 2024, Sec. 15.2. P. 51 & Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 2, Clinic Billing Manual (Sept. 2023) 15.2, P. 49; Behavioral Health Billing Manual (Feb. 2024) 14.2, p. 68. FQHC Billing Manual (Oct. 2023), 15.2, P 51. (Accessed Jun. 2024).

ELIGIBLE SERVICES/SPECIALTIES

Medicaid shall cover and reimburse for healthcare services appropriately delivered through telehealth if the same services would be covered when delivered in person.

SOURCE: DC Code Sec. 31-3863 (Accessed Jun. 2024)

Covered Services:

- 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
- Speech therapy (Outpatient Hospital Billing Guide states: Rehabilitation services including speech therapy)

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.11 & Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.7. P. 53-54, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.7, P. 51-52. FQHC Billing Manual, DC Medicaid 15.6.1, P. 53-54. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.7, p. 70-71. & Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 5-6, Outpatient Hospital Billing Guide, 15.8.5, p. 75 (Apr. 2024), Inpatient Hospital Billing Guide, 11.7, p. 62-63 (Apr. 2024), Long-Term Care Billing Manual, 15.7, p. 53-54 (Sept. 2023). (Accessed Jun. 2024).

The provider shall determine if the service can reasonably be delivered at the standard of care via telemedicine.

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 6. Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.7. P. 54, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.7, P. 51-52. FQHC Billing Manual, DC Medicaid 15.6.1, P. 54. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.7, p. 71, Inpatient Hospital Billing Guide, 11.7, p. 63 (Apr. 2024), Long-Term Care Billing Manual, 15.7, p. 54 (Sept. 2023) (Accessed Jun. 2024).

Distant site providers may only bill for the appropriate codes outlined.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.12.(Accessed Jun. 2024).

Telemedicine listed as a covered service in the following manuals, but no other information is provided.

SOURCE: DC MMIS Provider Billing Manual (Dental) Feb. 27, 2024, 2.4, p. 12. DC MMIS Provider Billing Manual (Dialysis), 2.4, p. 11 (Apr. 23, 2024). DC MMIS Provider Billing Manual (DME/POS), 2.4, p. 12 (Sept. 14, 2023), DC MMIS Provider Billing Manual (EPSDT), 2.4, p. 12 (May 14, 2023), DC MMIS Provider Billing Manual (Home Health), 2.4, p. 10-11. (Sept. 14, 2023), DC MMIS Provider Billing Manual (Hospice) 2.4, p. 10-11, (Sept. 14, 2023), DC MMIS Provider Billing Manual (Independent Lab & X-Ray), 2.4, p. 10-11 (Sept. 14, 2023), DC MMIS Provider Billing Manual (Podiatry), 2.4, p. 10-11 (Sept. 15, 2023), DC MMIS Provider Billing Manual (Residential Treatment Facilities), 2.4, p. 9-10 (Sept. 15, 2023), DC MMIS Provider Billing Manual (Transportation), 2.4, p. 10-11, (Apr. 8, 2024), DC MMIS Provider Billing Manual (Vision), 2.4, p. 10-11 (Sept. 15, 2023). (Accessed Jun. 2024).

Education-Related Services

Office of the State Superintendent of Education shall only bill for distant site services that are allowable healthcare services to be delivered by the individual fee-for-service providers delivering Strong Start DC Early Intervention Program (DC EIP) services under them and can be delivered at the standard of care via telemedicine.

The following reimbursement parameters apply for services delivered under the Office of the State Superintendent of Education through the Strong Start DC Early Intervention Program:

- The LEA shall only bill for distant site services that are allowable healthcare services to be delivered at DCPS/DCPCS and can be delivered at the standard of care via telemedicine;
- The LEA shall provide an appropriate primary support professional to attend the medical 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.

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 5. Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.6. P. 53, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.6, P. 51. FQHC Billing Manual, DC Medicaid 15.6, P. 53. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.6, p. 70, Inpatient Hospital Billing Guide, 11.6, p. 62 (Apr. 2024), Long-Term Care Billing Manual, 15.6, p. 53 (Sept. 2023) (Accessed Jun. 2024).

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

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 6, Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.8. P. 54, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.8, P. 52. FQHC Billing Manual, DC Medicaid 15.6.2, P. 54. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.8, p. 71, Outpatient Hospital Billing Guide, 15.8.6, p. 75 (Apr. 2024), Inpatient Hospital Billing Guide, 11.8, p. 63 (Apr. 2024), Long-Term Care Billing Manual, 15.8, p. 54 (Sept. 2023). (Accessed Jun. 2024).

Mental Health Rehabilitation Services Provider Certification Standards

Telemedicine/telehealth are included under reimbursable services. See rule for specific requirements.

SOURCE: DC Municipal Regulation, Title 22, Ch. 34, Sec. 3434. (Accessed Jun. 2024).

Mental Health Crisis/Emergency Services

A Crisis/Emergency Service is an immediate response face-to-face or via telehealth in accordance with 29 DCMR Â§ 910 to an emergency situation involving a consumer with mental illness or emotional disturbance that is available twenty-four (24) hours per day, seven (7) days per week.

SOURCE: DC Municipal Regulation, Title 22, Ch. 34, Sec. 3422. (Accessed Jun. 2024).

Clinical Care Coordination (CCC)

CCC may be rendered by a qualified practitioner pursuant to § 3432.8 practicing within the scope of their license in person or through telehealth in accordance with 29 DCMR § 910.

Qualified practitioners providing CCC shall:

- Communicate treatment needs, assessments and treatment information to healthcare providers external to the consumer's CSA or specialty provider;
- Facilitate appropriate linkages for the consumer with other healthcare professionals external to the consumer's CSA or specialty provider; and
- Provide planning and Plan of Care implementation activities separate from the diagnostic assessment service when the clinician and consumer meet face-to-face or through telehealth pursuant to 29 DCMR § 910.

Providers must document CCC in an encounter note that meets the requirements of § 3413.19 and indicates the intended purpose of the service, the modality of

communication, time spent reviewing or preparing records, the actions taken, and the result(s) achieved.

SOURCE: DC Municipal Regulation, Title 22, Ch. 34, Sec. 3432. (Accessed Jun. 2024).

Assertive Community Treatment (ACT)

During the calendar month billing cycle, the ACT provider must deliver at least five contacts face-to-face and may deliver up to three contacts via telehealth, including collateral contacts and the monthly MD/APRN contact. At least three contacts must be delivered by distinct qualified practitioners eligible to deliver ACT services pursuant to Title 22-A DCMR Chapter 34. See provider transmittals 23-39, 23-50, and 24-11 and rule for specific requirements.

SOURCE: DC Municipal Regulation, Title 29, Ch. 52, Sec. 5210.2 & Department of Health Care Finance, Notice of Final Rulemaking – Amending 29 DCMR Chapter 52 – Governing Assertive Community Treatment. Mar. 2024; Title 22, Chap. 22-A34, Sec. 3426, 3434, & Title 22, Chap. 22-A37, Sec. 3708, 3711 & Department of Behavioral Health – Notice of Final Rulemaking – Amending 22-A DCMR Ch. 34 and 37 – Assertive Community Treatment. Dec. 2023. (Accessed Jun. 2024).

ELIGIBLE PROVIDERS

Telemedicine providers must comply with the following:

- Be an enrolled Medicaid provider and comply with requirements including having a completed, signed Medicaid Provider Agreement
- Comply with technical, programmatic and reporting requirements
- Be licensed; and
- Appropriately document the beneficiary's written or verbal consent.
- Comply with any other applicable consent requirements under District laws, including but not limited to Section 3026 of Title 5-E of the District of Columbia Municipal Regulations if providing telemedicine services at a District of Columbia Public School (DCPS) or District of Columbia Public Charter School (DCPCS).

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.6. (Accessed Jun. 2024)

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.

The eligible distant site providers include but are not limited to the following:

- Hospital
- Nursing facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- DCPS
- DCPCS; and
- MHRS provider, ASARS provider and ASTEP provider certified by DBH and eligible to provide behavioral health services set forth under the State Plan

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.7 & Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 3-4. Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.3. P. 52, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.3, P. 50. FQHC Billing Manual, DC Medicaid 15.3, P. 52. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.3, p. 69, Outpatient Hospital Billing Guide, 15.8.3, p. 74-75 (Apr. 2024), Inpatient Hospital Billing Guide, 11.3, p. 61 (Apr. 2024), Long-Term Care Billing Manual, 15.3, p. 52 (Sept. 2023). (Accessed Jun. 2024).

At the discretion of the rendering provider, personnel delivering telemedicine services may work remotely, as long as all other requirements in the rule are met. See sections on technology, documentation in medical records, and confidentiality in guidance document for further specifications.

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 3-4. Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.3. P. 52, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.3, P. 50. FQHC Billing Manual, DC Medicaid 15.3, P. 52. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.3, p. 69, Inpatient Hospital Billing Guide, 11.3, p. 61 (Apr. 2024), Long-Term Care Billing Manual, 15.3, p. 52 (Sept. 2023) (Accessed Jun. 2024).

When a beneficiary's home is the originating site, the distant site provider shall ensure the technology in use meets the minimum requirements.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.30. (Accessed Jun. 2024).

Federally Qualified Health Center (FQHC) Reimbursement

In accordance with the District's Prospective Payment System (PPS) or alternative payment methodology (APM) for FQHCs, the following reimbursement parameters apply:

- **Originating Site:** An FQHC provider must deliver an FQHC-eligible service in order to be reimbursed the appropriate PPS, APM, 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, APM, or FFS rate; and
- **Originating and Distant Site:** If both the originating and the distant site are FQHCs, for both to receive reimbursement, each site must deliver a different PPS or APM service (e.g. medical or behavioral). If both sites submit a claim for the same PPS or APM service (e.g. medical), then only the distance site will be eligible to receive reimbursement.

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 4-5, Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.5. P. 53, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.5, P. 51. FQHC Billing Manual, DC Medicaid 15.5, P. 53. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.5, p. 70. Inpatient Hospital Billing Guide, 11.5, p. 62 (Apr. 2024), Long-Term Care Billing Manual, 15.5, p. 53 (Sept. 2023) (Accessed Jun. 2024).

ELIGIBLE SITES

Eligible services can be delivered via telemedicine when the beneficiary is at the originating site, while the eligible “distant” provider renders services via the audio/video or audio-only connection.

When clinically indicated, an originating site provider or its designee shall be in attendance during the patient’s medical encounter with the distant site professional. An originating site provider shall not be required to be in attendance when the beneficiary prefers to be unaccompanied because the beneficiary feels the subject is sensitive. An originating site provider shall note their attendance status in the patient’s medical record.

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.

Telemedicine providers will submit claims in the same manner the provider uses for in person services.

When billing for services delivered via video-audio telemedicine, distant site providers shall enter the “GT” procedure modifier on the claim. When billing for any audio-only telemedicine services, distant site providers shall enter the “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 DCPS or a 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 (see section IV above), 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.

Services billed where telemedicine is the mode of service delivery, but the claim form and/or service documentation do not indicate telemedicine (using the appropriate procedure modifiers and appropriate POS codes) are subject to disallowances in the course of an audit.

The Program will implement this telemedicine service for both providers and participants in the Medicaid fee-for-service, Medicaid managed care, Health Care Alliance, and Immigrant Children's programs. All requirements stipulated in this provider guidance apply to all programs DHCF administers.

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 1-4. Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.4. P. 52-53, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.4, P. 50-51. FQHC Billing Manual, DC Medicaid 15.4, P. 52-53. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.4, p. 69-70, Inpatient Hospital Billing Guide, 11.4, p. 61-62 (Apr. 2024), Long-Term Care Billing Manual, 15.4, p. 52-53 (Sept. 2023) (Accessed Jun. 2024).

Effective March 1st, 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. Refer to Transmittal #23-11 for additional information.

SOURCE: Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.4. P. 52-53, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.4, P. 50-51. FQHC Billing Manual, DC Medicaid 15.4, P. 52-53. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.4, p. 69-70, Inpatient Hospital Billing Guide, 11.4, p. 61-62 (Apr. 2024), Long-Term Care Billing Manual, 15.4, p. 52-53 (Sept. 2023) (Accessed Jun. 2024).

The beneficiary's home, or other settings authorized by DHCF, may serve as the originating site. When the originating site is the beneficiary's home the distant site

provider is responsible for ensuring that the technology in use meets the minimum requirements set forth in Subsection 910.13.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.7 & 910.30. (Accessed Jun. 2024).

POS 02 (telehealth) and POS 10 (telehealth provided in patient's home) are listed as a valid place of service code in multiple DC Medicaid manuals.

SOURCE: DC Medicaid, Provider Specific Information, See each individual manual. (Accessed June 2024).

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.

SOURCE: Department of Health Care Finance. Telemedicine Provider Guidance Clarification "Beneficiary's Home or Other Settings". March 2023. (Accessed Jun. 2024).

Must be an approved telemedicine provider. The following providers are considered an eligible originating site:

- Hospital
- Nursing facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- District of Columbia Public Schools (DCPS)
- District of Columbia Public Charter Schools (DCPCS)
- Mental Health Rehabilitation Service (MHRS) provider, Adult Substance Abuse Rehabilitation Service (ASARS) provider, and Adolescent Substance Abuse Treatment Expansion Program (ASTEP) provider certified by the Department of Behavioral Health (DBH) and eligible to provide behavioral health services set forth under the District of Columbia Medicaid State Plan (State Plan).
- The beneficiary's home or other settings identified in guidance published on the DHCF website.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.7, Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 2-3. Physicians Billing Manual. DC Medicaid. (Jan.

2024) Sec. 15.3, P. 52, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.3, P. 50. FQHC Billing Manual, DC Medicaid 15.3, P. 52. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.3, p. 69. Outpatient Hospital Billing Guide, 15.8.3, p. 74 (Apr. 2024), Inpatient Hospital Billing Guide, 11.3, p. 61 (Apr. 2024), Long-Term Care Billing Manual, 15.3, p. 52 (Sept. 2023). (Accessed Jun. 2024).

When a beneficiary's home is the originating site, the distant site provider shall ensure the technology in use meets the minimum requirements set forth in Subsection 910.13.

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 7. (Accessed Jun. 2024).

When DCPS or DCPCS is the originating site provider, a primary support professional (an individual designated by the school) shall be in attendance during the patient's medical encounter.

An originating site provider shall not be required to be in attendance when the beneficiary prefers to be unaccompanied because the beneficiary feels the subject is sensitive. Sensitive topics may include counseling related to abuse, or other psychiatric matters. An originating site provider shall note their attendance status in the patient's medical record.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.16-17. (Accessed Jun. 2024).

GEOGRAPHIC LIMITS

No Reference Found

FACILITY/TRANSMISSION FEE

No transaction or facility fee.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.28, Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 6, Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.8, P. 54, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.8, P. 52. FQHC Billing Manual, DC Medicaid 15.6.2, P. 54. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.8, p. 71, Outpatient Hospital Billing Guide, 15.8.6, p. 75 (Apr. 2024), Inpatient Hospital Billing Guide, 11.8, p. 63 (Apr. 2024), Long-Term Care Billing Manual, 15.8, p. 54 (Sept. 2023). (Accessed Jun. 2024).

STORE-AND-FORWARD

Last updated 06/05/2024

POLICY

No reimbursement for store-and-forward.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.29, Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 6, Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.8. P. 54, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.8, P. 52. FQHC Billing Manual, DC Medicaid 15.6.2, P. 54. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.8, p. 71. Outpatient Hospital Billing Guide, 15.8.6, p. 75 (Apr. 2024), Inpatient Hospital Billing Guide, 11.8, p. 63 (Apr. 2024), Long-Term Care Billing Manual, 15.8, p. 54 (Sept. 2023). (Accessed Jun. 2024).

ELIGIBLE SERVICES/SPECIALTIES

No Reference Found.

GEOGRAPHIC LIMITS

No Reference Found.

TRANSMISSION FEE

No Reference Found.

REMOTE PATIENT MONITORING

Last updated 06/05/2024

POLICY

There is no reimbursement for remote patient monitoring.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.29, Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 6, Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.8. P. 54, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.8, P. 52. FQHC Billing Manual, DC Medicaid 15.6.2, P. 54. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.8, p. 71. Outpatient Hospital Billing Guide, 15.8.6, p. 75 (Apr. 2024), Inpatient Hospital Billing Guide, 11.8, p. 63 (Apr. 2024), Long-Term Care Billing Manual, 15.8, p. 54 (Sept. 2023). (Accessed Jun. 2024).

CONDITIONS

No Reference Found.

PROVIDER LIMITATIONS

No Reference Found.

OTHER RESTRICTIONS

No Reference Found.

EMAIL, PHONE & FAX

Last updated 06/05/2024

When billing for any audio-only telemedicine services, distant site providers shall enter the “93” procedure modifier on the claim.

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, p. 4, Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.4. P. 52, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.4, P. 50. FQHC Billing Manual, DC Medicaid 15.4 P. 52. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.4, p. 69, Inpatient Hospital Billing Guide, 11.4, p. 61 (Apr. 2024), Long-Term Care Billing Manual, 15.4, p. 52 (Sept. 2023). (Accessed Jun. 2024).

Under recently effective final regulations, DHCF added audio-only communication as an allowable method of telemedicine services.

A telemedicine provider that utilizes audio-only communication methods is required to use audio equipment that ensures clear communication and includes echo cancellation.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.2. & 910.13 & Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, p. 6. (Accessed Jun. 2024).

DC Medicaid does not reimburse for service delivery using e-mail messages or facsimile transmissions.

SOURCE: DC Code Sec. 31-3861 & Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, p. 1. (Accessed Jun. 2024).

Services delivered through audio-only telephones, electronic mail messages or facsimile transmission are not included under telehealth services.

SOURCE: Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15. P. 51, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15, P. 49. FQHC Billing Manual, DC Medicaid 15 P. 51. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14, p. 68, Outpatient Hospital Billing Guide, 15.8, p. 74 (Apr. 2024), Inpatient Hospital Billing Guide, 11, p. 60 (Apr. 2024), Long-Term Care Billing Manual, 15, p. 51 (Sept. 2023). (Accessed Jun. 2024).

CONSENT REQUIREMENTS

Last updated 06/05/2024

Participants may provide written or verbal consent to receive telemedicine services in lieu of in-person healthcare services. A provider must appropriately document the beneficiary's written or verbal consent and comply with any other applicable consent requirements, including but not limited to Section 3026 of Title 5-E of the District of Columbia Municipal Regulations if providing telemedicine services at a District of Columbia Public School (DCPS) or District of Columbia Public Charter School (DCPCS).

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.5-6. (Accessed Jun. 2024).

Participants must provide written or verbal consent to receive telemedicine services in lieu of in-person healthcare services, consistent with all applicable District laws. A provider shall document the beneficiary's consent to receive telemedicine services. Written consent includes any method that documents in writing the beneficiary's agreement to receive the service via telemedicine, including but not limited to an e-mail, text message, or signed PDF. If verbal consent is obtained, a detailed service note that describes the beneficiary's verbal consent is required.

SOURCE: Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 2., Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15.2. P. 51-52, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15.2, P. 49, FQHC Billing Manual, DC Medicaid 15.2 P. 51. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14.2, p. 68, Inpatient Hospital Billing Guide, 11.2, p. 60 (Apr. 2024), Long-Term Care Billing Manual, 15.2, p. 51 (Sept. 2023). (Accessed Jun. 2024).

Participants must provide written consent to receive telemedicine services in lieu of face-to-face healthcare services.

SOURCE: Outpatient Hospital Billing Guide, 15.8.2, p. 74 (Apr. 2024). (Accessed Jun. 2024).

OUT OF STATE PROVIDERS

Last updated 06/05/2024

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 the patient is physically located. See Appendix A for illustrative examples.

SOURCE: Department of Health Care Finance. Telehealth Provider Guidance. Jan. 2023. p. 1-2. (Accessed Jun. 2024).

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.

SOURCE: Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 15. P. 51, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 15, P. 49. FQHC Billing Manual, DC Medicaid 15 P. 51. (Oct. 2023), Behavioral Health Billing Manual (Feb. 2024) 14, p. 68, Outpatient Hospital Billing Guide, 15.8, p. 74 (Apr. 2024), Inpatient Hospital Billing Guide, 11, p. 60 (Apr. 2024), Long-Term Care Billing Manual, 15, p. 51 (Sept. 2023). (Accessed Jun. 2024).

When the provider and patient receiving healthcare services are located in the District of Columbia, all individual practitioners shall be licensed in the state. For healthcare services rendered outside of the District, the provider of the services shall meet any licensure requirements of the jurisdiction in which the patient is physically located.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.9. (Accessed Jun. 2024).

Providers whose practice address is located outside of the geographic boundaries of the District of Columbia are eligible to request consideration for participation in the DC Medicaid program if licensed in the state of the practice address.

SOURCE: Physicians Billing Manual. DC Medicaid. (Jan. 2024) Sec. 5.3.2 P. 17, Clinic Billing Manual, DC Medicaid (Sept. 2023), Sec. 5.3.2, P. 17. FQHC Billing Manual, DC Medicaid 5.3.2 P. 17. (Oct. 2023), Outpatient Hospital Billing Guide, 5.3.2, p. 17 (Apr. 2024), Inpatient Hospital Billing Guide, 5.3.2, p. 18 (Apr. 2024), Long-Term Care Billing Manual, 5.3.2, p. 20 (Sept. 2023). (Accessed Jun. 2024).

MISCELLANEOUS

Last updated 06/05/2024

Where an FQHC provides an allowable healthcare service at the originating or distant site, the FQHC shall be reimbursed the applicable rate (PPS, APM or FFS). If an FQHC is both the originating and distant site, and both sites render the same healthcare service, only the distant site will be reimbursed.

When DCPS or DCPCS provides any of the allowable healthcare services at the originating or distant site, the provider shall only be reimbursed for distant site healthcare services

that are Medicaid eligible and are to be delivered in a licensed education agency.

When an originating site and a distant site are CSAs, and the same provider identification number is used for a service delivered via telemedicine, only the distant site provider shall be eligible for reimbursement of the allowable healthcare services described within this section.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.24, 25, 26 & 27. (Accessed Jun. 2024).

See Transmittal for documentation standards for services delivered via telemedicine in DC Medicaid.

SOURCE: DC Medicaid Department of Health Care Finance. Transmittal #20-42: Documentation Standards for Services Delivered Via Telemedicine. Nov. 30, 2020 (Accessed Jun 2024).

Telemedicine section also appears in Provider Manuals on:

- FQHCs (FQHC Billing Manual Version 3.05, 10/2023, p. 51-55). (Accessed Jun. 2024).
- Clinics (Clinic Billing Manual Version 6.01, 9/2023, p. 49-52). (Accessed Jun. 2024).
- Physicians (Physician Billing Manual Version 7.03, 1/2024, p. 51-55). (Accessed Jun. 2024).
- Inpatient Hospital (Inpatient Hospital Billing Manual Version 7.07, 4/2024, p. 60-63). (Accessed Jun. 2024).
- Outpatient Hospital (Outpatient Hospital Billing Manual Version 6.04, 4/2024, p. 73-76). (Accessed Jun. 2024).
- Behavioral Health (Behavioral Health Billing Manual Version 2.08, 2/2024 p. 68-71). (Accessed Jun. 2024).
- Long Term Care (Long Term Care Billing Manual Version 7.02, 9/2023 p. 51-54). (Accessed Jun. 2024).

See regulation and telemedicine guidance for specific technology and medical record requirements.

A provider is required to develop a confidentiality compliance plan.

DHCF is required to send a Telemedicine Program Evaluation survey to providers.

SOURCE: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.13, 14 & 15 & Department of Health Care Finance – Telemedicine Provider Guidance, Jan. 2023, pg. 6-7. (Accessed Jun. 2024).

Emergency Rules

Emergency regulations will expand services for persons with developmental disabilities in the Medicaid Home and Community-Based Services programs and allow the use of

remote support services that employ technology. Remote supports are defined as the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication.

SOURCE: Department of Health Care Finance, Notice of Second Emergency and Proposed Rulemaking – Amending 29 DCMR Chapter 90 – Governing Home and Community Based Services Waiver for Individual and Family Support. March 2024, & Department of Health Care Finance, Notice of Emergency and Proposed Rulemaking – Amending 29 DCMR Chapter 19 – Home and Community Based Waiver for Individuals with Intellectual and Developmental Disabilities. March 2024. (Accessed Jun. 2024).

Recently Effective Final Rules

Finalized emergency regulations amended billing requirements for Assertive Community Treatment (ACT). The rules also define the services that constitute a contact, when telehealth can be used, and establish standards for the types of contacts that a provider must deliver to receive the monthly payment. In addition, this rulemaking updates the procedure by which the Department determines supported employment service eligibility by eliminating the requirement that DBH perform both a needs-based assessment and an independent Diagnostic Assessment or Comprehensive Diagnostic Assessment. DBH will only conduct needs-based assessments to determine service eligibility and such assessments can be conducted through telehealth.

See Transmittals 23-39, 23-50, and 24-11 for additional details.

SOURCE: DC Municipal Regulation, Title 29, Ch. 52, Sec. 5210.2 & Department of Health Care Finance, Notice of Final Rulemaking – Amending 29 DCMR Chapter 52 – Governing Assertive Community Treatment. Mar. 2024; Title 22, Chap. 22-A34, Sec. 3426, 3434, & Title 22, Chap. 22-A37, Sec. 3708, 3711 & Department of Behavioral Health – Notice of Final Rulemaking – Amending 22-A DCMR Ch. 34 and 37 – Assertive Community Treatment. Dec. 2023. (Accessed Jun. 2024).

Professional Requirements

DEFINITIONS

Last updated 06/05/2024

Telemedicine – The practice of medicine by a licensed practitioner to provide patient care, treatment or services, between a licensee in one location and a patient in another location with or without an intervening healthcare provider, through the use of health

information and technology communications, subject to the existing standards of care and conduct.

SOURCE: DC Regs. Sec. 17-4699., DC Department of Health Board of Medicine Policy No. 15-01 (Accessed Jun. 2024).

“Telehealth” means the delivery of healthcare services through 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.

SOURCE: Code of the District of Columbia Sec. 7-3201(13). (Accessed Jun. 2024).

“Telehealth” means the use of synchronous or asynchronous telecommunication technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information where the health professional and the patient, client, or supervisee are located at different physical locations.”

SOURCE: DC Code Sec. 1201.01 (15A) as proposed to be added by B 25-0545 (2024 Session). (Accessed Jun. 2024).

Medical Marijuana

Telehealth medicine means the use of electronic information and telecommunication technologies, including teleconference and videoconference, to provide care when the qualifying patient and the authorized practitioner are not in the same place at the same time.

SOURCE: DC Regs. Sec. 22-C-807.2 as added by Alcoholic Beverage and Cannabis Administration – Notice of Final Rulemaking – Amending 22-C DCMR Ch. 1, etc. – Medical Marijuana, (Mar. 2024). (Accessed Jun. 2024).

CONSENT REQUIREMENTS

Last updated 06/05/2024

Must obtain and document patient consent, except when providing interpretive services.

SOURCE: DC Regs. Sec. 17-4618.2, DC Department of Health Board of Medicine Policy No. 15-01. (Accessed Jun. 2024).

The professional practice standards, rules, and laws applicable to the provision of healthcare services, including those related to identity verification, documentation,

informed consent, confidentiality, privacy, and security shall apply to the provision of telehealth services.

SOURCE: DC Code Sec. 1201.05 as proposed to be added by B 25-0545 (2024 Session). (Accessed Jun. 2024).

ONLINE PRESCRIBING

Last updated 06/05/2024

A physician shall perform a patient evaluation to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication for a patient utilizing the appropriate standards of care, except when performing interpretive services.

If a physician-patient relationship does not include a prior in-person interaction with a patient, the physician may use real-time telemedicine to allow a free exchange of protected health information between the patient and the physician to establish the physician-patient relationship and perform the patient evaluation.

SOURCE: DC Reg Sec. 17-4618.3 & 4 (Accessed Jun. 2024).

A health professional licensed, registered, or certified in the District pursuant to this act may provide a telehealth service to a District resident or person located in the District if doing so is:

- Consistent with the applicable standard of care in the District and the health professional's scope of authorized practice in the District; and
- Not otherwise prohibited by law or regulation.

A practitioner-patient or practitioner-client relationship may be established through telehealth in accordance with the appropriate standard of care and the practitioner's competence and scope of practice; provided, that the Mayor may through rulemaking issue additional requirements for specific health professionals to establish a practitioner-client relationship, including an initial in-person physical examination.

A health professional providing telehealth services who is authorized to prescribe medications shall comply with the Prescription Drug Monitoring Program Act of 2013, effective February 22, 2014 (D.C. Law 20-66; D.C. Code § 48-853.01 et seq.), and all District or federal laws and rules related to prescription and controlled substances.

SOURCE: DC Code Sec. 1201.05 as proposed to be added by B 25-0545 (2024 Session). (Accessed Jun. 2024).

Medical Marijuana

Authorized practitioners may provide telehealth medicine services to qualifying patients, including recommending the use of medical marijuana in accordance with this title, consistent with the laws and regulations governing their medical practice.

SOURCE: DC Regs. Sec. 22-C-807.1 as added by Alcoholic Beverage and Cannabis Administration – Notice of Final Rulemaking – Amending 22-C DCMR Ch. 1, etc. – Medical Marijuana, (Mar. 2024). (Accessed Jun. 2024).

CROSS-STATE LICENSING

Last updated 06/05/2024

Must have license to practice medicine in the District of Columbia.

For any services rendered outside the District of Columbia, the provider of the services shall meet any licensure requirement of the jurisdiction in which the patient is physically located.

A District of Columbia-licensed physician may rely on a patient evaluation performed by another District of Columbia-licensed physician if the former is providing coverage for the latter.

SOURCE: DC Regs. Sec. 17-4618.1 & .6. (Accessed Jun. 2024).

Expedited licensure pathways exist for certain out-of-state physicians. See DC Health Regulation and Licensing Administration DMV Physician Licensure Reciprocity Pathway and DC Board of Medicine website for more details.

SOURCE: DC Board of Medicine. DMV Reciprocity Pathway. (Accessed Jun. 2024).

Health occupation licensing requirements prohibiting the practice of a health occupation without a District of Columbia license, registration, or certification shall not apply:

- To an individual who administers treatment or provides advice in any case of emergency;
- To an individual employed in the District by the federal government, while he or she is acting in the official discharge of the duties of employment;
- To an individual engaged in the practice of pharmaceutical detailing for less than 30 consecutive days per calendar year;
- To an individual, licensed, registered, or certified to practice a health occupation in a state, who is providing care to an individual, an animal, or group for a limited period of time, or who is called from a state in professional consultation by or on behalf of a specific patient, animal,

or client to visit, examine, treat, or provide advice regarding the specific patient, animal, or client in the District, or to give a demonstration of a procedure or clinic in the District; provided, that the individual engages in the provision of care, consultation, demonstration, or clinic in affiliation with a comparable health professional licensed, registered, or certified pursuant to this chapter;

- To an individual retained to testify as an expert witness in any court or administrative proceeding, hearing, or trial;
- To a health professional who is authorized to practice a health occupation in any state adjoining the District who treats patients in the District if:
 - The health professional does not have an office or other regularly appointed place in the District to meet patients;
 - The health professional registers with the appropriate board and pays the registration fee prescribed by the board prior to practicing in the District; and
 - The state in which the individual is licensed allows individuals licensed by the District in that particular health profession to practice in that state under the conditions set forth in this section.

Notwithstanding the provisions of subparagraphs (A), (B), and (C) of subsection (a)(4) of this section, a health professional practicing in the District pursuant to subsection (a)(4) of this section shall not see patients, animals, or clients in the office or other place of practice of a District licensee, or otherwise circumvent the provisions of this chapter.

SOURCE: DC Code Sec. 3-1205.02. (Accessed Jun. 2024).

Except as otherwise provided in subsection (f) of this section, a practitioner who does not hold a license, registration, or certification to practice in the District pursuant to this act may not provide a telehealth service to a client or patient physically located in the District unless the practitioner and the client or patient have an existing practitioner-client or practitioner-patient relationship and:

- The client or patient is temporarily present in the District; or
- The client or patient is a District resident and the telehealth services provided do not exceed 120 days or a longer period of time as determined by the Mayor through rulemaking.

Nothing in this section shall be construed to conflict with interstate reciprocity agreements or occupational licensure interstate compacts entered into by the District.

SOURCE: DC Code Sec. 1201.05 as proposed to be added by B 25-0545 (2024 Session). (Accessed Jun. 2024).

LICENSURE COMPACTS

Last updated 06/05/2024

Member of the Interstate Medical Licensure Compact.

SOURCE: Interstate Medical Licensure Compact. (Accessed Jun. 2024).

Member of Physical Therapy Compact

SOURCE: PT Compact, Compact Map (Accessed Jun. 2024).

Member of the Psychology Interjurisdictional Compact.

SOURCE: PSYPACT, Map (Accessed Jun. 2024).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 06/05/2024

Board of Medicine

SOURCE: DCMR Title 17, Ch. 46 Sec. 4618.; Board of Medicine Policy No. 15-01 Telemedicine Policy. (Accessed Jun. 2024).

Professional Art Therapy

SOURCE: DCMR Title 17, Ch. 116 Sec. 11613. (Accessed Jun. 2024).

Health Occupation Boards

SOURCE: DC Code Sec. 1201.05 as proposed to be added by B 25-0545 (2024 Session). (Accessed Jun. 2024).

MISCELLANEOUS

Last updated 06/05/2024

Recently effective legislation creates requirements for members of licensing boards related to residency and active practice, in addition to stating that they must demonstrate that their practice in the District is not primarily through telehealth.

SOURCE: DC Official Code Sec. 3-1204.01; B 25-0312 (2023 Session). (Accessed Jun. 2024).

“Practice of nutrition” means the application of the scientific principles derived from the study of food, nutrition, biochemistry, metabolism, physiology, and behavioral sciences

for achieving and maintaining health throughout the lifespan; the provision of nutrition care services in-person or via telehealth, including medical nutrition therapy to prevent, manage, or treat diseases or medical conditions and promote wellness; the ordering of patient diets, including therapeutic diets via oral routes; the ordering of medical laboratory tests related to nutritional therapeutic treatments; and the provision of recommendations on vitamin, mineral, and other dietary supplements.”.

SOURCE: DC Code Sec. 1201.02 (6A) as amended by B 25-0545 (2024 Session). (Accessed Jun. 2024).