

Virginia

Medicaid Program: Virginia Medicaid

Program Administrator: State Dept. of Medical Assistance Services (DMAS)

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia, and Washington DC

<https://www.matrc.org>

Medicaid Telehealth Reimbursement

Summary

Virginia Medicaid reimburses for live video, store-and-forward, and remote patient monitoring under certain circumstances. Plans participating in the Medicare-Medicaid Demonstration Waiver are permitted to use store-and-forward and remote patient monitoring in rural and urban locations and to provide reimbursement for services.

Definitions

“Telemedicine is the real-time or near real-time two-way transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment.”

Source: VA Dept. of Medical Assistant Svcs., *Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations*. p. 14 (Feb. 2019). (Accessed Aug. 2019).

“Telemedicine is the real-time or near real-time exchange of information for the purposes of diagnosis and treatment.”

Source: VA Dept. of Medical Assistant Svcs., *Medicaid Provider Manual, Psychiatric Services Provider Manual, Covered Svcs. and Limitations*. p. (Feb. 2019)) (Accessed Aug. 2019).

Telehealth is defined as “the real-time or near real-time transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment.”

Source: VA Dept. of Medical Assistance Svcs., *Medicaid Provider Manual, Home Health Manual, Covered Services and Limitations*. p. 4 (Jun. 2017). (Accessed Aug. 2019).

Medicaid-Medicare Waiver

“Telehealth” or “telemedicine” means the real-time or near real-time two-way transfer of data and information using an interactive audio and video connection for the purposes of medical diagnosis and treatment.

Source: VA Reg Text 12VAC30-121-70(7(b)). (2017). (Accessed Aug. 2019).



Reimbursement is provided subject to coverage requirements.

Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 14 (Feb. 2019) (Accessed Aug. 2019).

See billing information for specific codes.

Eligible services:

- Evaluation and management
- Psychiatric care
- Specialty medical procedures such as echocardiography and obstetric ultrasound
- Speech therapy
- Radiology service and procedures

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 3. (May. 2014). (Accessed Aug. 2019).

Speech therapy is reimbursable for a speech-language pathologist at a remote location and a qualified school aide with the child during a tele-practice session.

Source: VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Local Education Agency Provider Manual, Covered Svcs. and Limitations, p. 11 (Jul. 2018). (Accessed Aug. 2019).

Community Mental Health Rehabilitative Services

A service specific provider intake meeting may be conducted via telemedicine for:

- Psychosocial rehabilitation
- Partial hospitalization
- Intensive Community Treatment
- Crisis intervention

Source: VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Community Mental Health Rehabilitative Services, Covered Svcs. and Limitations, p. 18 (May. 2019). (Accessed Aug. 2019).

Telemedicine is reimbursable for psychiatric evaluation in crisis stabilization services when coordinated with an outpatient provider and billed as physician or outpatient psychiatric services, however telemedicine is not allowed for services billed under Crisis Stabilization.

Source: VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Community Mental Health Rehabilitative Services, Covered Svcs. and Limitations, p. 49 (May. 2019). (Accessed Aug. 2019).

Opioid Treatment Services

Psychotherapy and counseling may be provided via telemedicine in rural areas if the nearest licensed Credentialed Addiction Treatment Professional is located more than 60 miles away from the buprenorphine waived practitioner, or members are having to travel more than 60 miles to the licensed Credentialed Addiction Treatment Professional.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Provider Manual, Addiction and Recovery Treatment Services, Opioid Treatment Services/Medication Assisted Treatment. p. 6 & 14. (Dec. 2017). (Accessed Aug. 2019).



Eligible Providers

Eligible providers:

- Physicians
- Nurse practitioners
- Nurse midwives
- Psychiatrist
- Psychiatric clinical nurse specialist
- Psychiatric nurse practitioner
- Marriage and family therapist/counselor
- School psychologist
- Substance abuse treatment practitioner
- Clinical nurse specialists
- Clinical psychologists
- Clinical social workers
- Local Education Agency (billing speech therapy)
- Professional counselors
- Federally Qualified Health Center Providers
- Behavioral health services providers

Providers must have appropriate license from the Department of Behavioral Health and Developmental Services and be enrolled with Magellan.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Federally Qualified Health Centers Coverage of Telemedicine. (Mar. 2019) & Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 4. (May. 2014) (Accessed Aug. 2019).

Eligible Sites

Eligible originating sites locations:

- Provider offices
- Local Education Agency
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospitals
- Nursing Facilities
- Health Department Clinics
- Renal Units (dialysis centers)
- Community Services Boards
- Residential Treatment Centers

All listed providers are also considered eligible originating site providers.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Federally Qualified Health Centers Coverage of Telemedicine. (Mar. 2019) & Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May. 2014) (Accessed Aug. 2019).

Geographic Limits

Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May. 2014) (Accessed Aug. 2019).



Medicaid Telehealth Reimbursement

Store-and-Forward

Facility/Transmission Fee

Reimburses a facility fee.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 4. (May. 2014) & VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Billing Instructions, p. 22 (May 2017). (Accessed Aug. 2019).

Policy

DMAS reimburses for diabetic retinopathy screening through telemedicine for Medicaid members with Type 1 or 2 diabetes. Radiology related procedures are also included under telemedicine coverage as well as certain codes for tele dermatology.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 5-6. (May. 2014) & Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Billing Instructions, p. 21 (May 2017). (Accessed Apr. 2019).

Medicare-Medicaid Demonstration Waiver:

Participating plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward applications.

Source: VA Reg. Text 12VAC30-121-70-B-12. (2016).

Eligible Services/Specialties

Refer to the manual for a full list of CPT and HCPCS codes reimbursable by Virginia Medicaid.

Services covered include:

- Radiology and radiology procedures
- Diabetic retinopathy (regardless of the number of fields viewed for all Medicaid Members with Type 1 or Type 2 diabetes)
- Outpatient tele dermatology

Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner. Billing Instructions, p. 20-24 (May. 2017) & VA Medicaid Memo. Clarification of Medicaid Coverage of Diabetic Retinopathy Screening via Telemedicine. Nov. 9, 2016. (Accessed Aug. 2019).

Geographic Limits

Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May. 2014) (Accessed Aug. 2019).

Transmission Fee

Reimburses a facility fee.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May. 2014) VA Dept. of Medical Assistant Svcs, Medicaid Provider Manual, Physician/Practitioner-Manual. Covered Services and Limitations, p. 15 (Feb. 2019) (Accessed Aug. 2019).



Policy

Face-to-face encounters for home health services may occur through telehealth.

Source: VA Dept. of Medical Assistance Svcs., *Medicaid Provider Manual, Home Health Manual, Covered Services and Limitations*. p. 4 (Jun. 2017). (Accessed Aug. 2019).

VA Medicaid reimburses for Continuous Glucose Monitoring.

Source: VA Department of Medical Assistance Services. *Medicaid Memo. Clarification of Existing Medicaid Coverage of Continuous Glucose Monitoring for Members in Medicaid/FAMIS/FAMIS MOMS Fee-for-Service Programs*. (Oct. 2016) (Accessed Aug. 2019).

Medicare-Medicaid Demonstration Waiver:

Participating plans shall also have the ability to cover remote patient monitoring.

Source: VA Reg. Text 12VAC30-121-70(12). (2016). (Accessed Aug. 2019).

Conditions

Used for patients with one or more chronic conditions, such as:

- congestive heart failure
- cardiac arrhythmias
- diabetes
- pulmonary diseases
- anticoagulation treatment

Source: VA Reg. Text 12VAC30-121-20. (2016). (Accessed Aug. 2019).

Coverage is limited to members with:

- Type 1 diabetes
- Type 2 diabetes (when over 16 years old)
- Pregnant women who are injecting insulin with either Type 1 or 2.

Service authorization is required. Additional requirements apply.

Source: VA Department of Medical Assistance Services. *Medicaid Memo. Clarification of Existing Medicaid Coverage of Continuous Glucose Monitoring for Members in Medicaid/FAMIS/FAMIS MOMS Fee-for-Service Programs*. (Oct. 2016) (Accessed Aug. 2019).

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
 No reimbursement for telephone.
 No reimbursement for FAX.

Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 14 (Feb. 2019) & VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 3. (May. 2014) (Accessed Aug. 2019).

Consent

No reference found.

Out of State Providers

Newly enrolling out-of-state physicians who enter on their enrollment application a service address that is within 50 miles of the Virginia border may be enrolled as in-state providers.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2-3. (May. 2014) (Accessed Aug. 2019).

Out-of-state physicians must enroll with DMAS contractors to utilize telemedicine in the Medicaid program.

Providers must be licensed in Virginia and enrolled in the state Medicaid program in which they practice medicine. The provider must also hold a Virginia Department of Health Professional license to provide telemedicine services.

Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2-3. (May. 2014) & VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 15 (Feb. 2019) (Accessed Aug. 2019).

Miscellaneous

Use of telemedicine must be noted in the service documentation of the patient record.

The originating site provider or designee must attend the encounter with the member, unless the encounter documentation in the patient record notes the reason staff was not present.

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 3. (May. 2014) & Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. And Limitations, p. 14-15 (Feb. 2019) (Accessed Aug. 2019).

Telemedicine also available limited screening under the Governor’s Access Plan for the Seriously Mentally Ill (GAP).

Source: VA Dept. of Medical Assistant Svcs., GAP Manual, p. 3 (Feb. 2019). (Accessed Aug. 2019).

Dual Eligibles (Medicare and Medicaid)

DMAS established the Commonwealth Coordinated Care program and allows participating plans to reimburse for telehealth for Medicare and Medicaid services as an innovative way to reduce hospital readmissions, reduce ED visits, etc. Participating plans shall encourage the use of telehealth to promote community living and improve behavioral health services. Plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward. Plans shall also have the ability to cover remote patient monitoring.

Source: 12VAC30-121-70. (Accessed Aug. 2019).



Private Payer Laws

Definitions

Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient, providing remote patient monitoring services, or consulting with other health care providers regarding a patient’s diagnosis or treatment. ‘Telemedicine services’ does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Source: VA Code Annotated Sec. 38.2-3418.16 (B). (2012). (Accessed Aug. 2019).

Requirements

An insurer shall not exclude a service for coverage solely because the service is provided through telemedicine services.

Source: VA Code Annotated Sec. 38.2-3418.16(C). (2012). (Accessed Aug. 2019).

Facility fee reimbursement is allowed, but not required.

Source: VA Code Annotated Sec. 38.2-3418.16(D). (2012). (Accessed Aug. 2019).

Requirements on the coverage of telemedicine services include medically necessary remote patient monitoring services.

Source: VA Code Annotated Sec. 38.2-3418.16(J). (2012). (Accessed Aug. 2019).

Parity

Service Parity

The treating provider or consulting provider must be reimbursed on the same basis that the insurer is responsible for coverage for the provision of services face-to-face.

Source: VA Code Annotated Sec. 38.2-3418.16(D). (2012). (Accessed Aug. 2019).

Payment Parity

No explicit payment parity.

Source: VA Code Annotated Sec. 38.2-3418.16 (2012). (Accessed Aug. 2019).

Professional Regulation/Health & Safety

Definitions

Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient, providing remote patient monitoring services, or consulting with other health care providers regarding a patient’s diagnosis or treatment. ‘Telemedicine services’ does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Source: VA Code Annotated Sec. 38.2-3418.16 & Sec. 54.1-3303. (Accessed Sept. 2019).

Consent

Informed consent must be obtained and maintained.

Source: Telemedicine Guidance. Doc. # 85-12. VA Board of Medicine. P. 3 (October 28, 2018). (Accessed Aug. 2019).



Online Prescribing

Practitioners prescribing controlled substances must have a “bona fide” relationship with the patient.

Requirements:

- Obtaining a medical or drug history;
- Informing the patient about the benefits and risks of the drug;
- Conducting a patient exam, either physically or by the use of instrumentation and diagnostic equipment, through which images and medical records may be transmitted electronically.

Practitioners can also prescribe Schedule II-V controlled substances under certain circumstances. Additional requirements apply for the prescription of Schedule VI controlled substances via telemedicine.

(Effective July 1, 2020) Cases in which the practitioner is an employee of or contracted by the Department of Health or a local health department, a “bona-fide” practitioner-patient relationship is not required.

Source: VA Board of Medicine. *Telemedicine Guidance Document: 85-12. p. 4 (Oct. 2018) & VA Code Annotated Sec. 54.1-3303. (HB – 1914).* (Accessed Aug. 2019).

Cross-State Licensing

VA is a member of the Nurses Licensure Compact.

Source: *Nurse Licensure Compact (Accessed Aug. 2019).*

Miscellaneous

Telemedicine Guidance from VA Medical Board

- Prescribing via telemedicine is at the discretion of the prescribing practitioner.
- Informed consent must be obtained and maintained.
- See guidance for additional requirements.

Source: VA Board of Medicine. *Telemedicine Guidance Document: 85-12. p. 3 (Oct. 2018).* (Accessed Aug. 2019).

