

# DC Medicaid Bulletin

Bi-monthly Publication for DC Medicaid Providers

Newsletter Date  
Volume 14, Issue 4  
July/August 2020

## Latest News

### Temporary Enhanced Reimbursement Rates for Assisted Living Facilities Due to COVID-19

**Transmittal #20-27** notifies Assisted Living Facility (ALF) providers in the District's Medicaid program of temporary enhanced rates during the pendency of the federal Public Health Emergency (PHE) period. The reimbursement rate changes are temporary and effective for dates of services beginning March 11, 2020 and sunseting at the end of the federal Public Health Emergency.

DHCF is requesting a Medicaid Disaster relief State Plan Amendment from the Centers of Medicare and Medicaid Services (CMS). State Medicaid agencies may seek to implement the policies and procedures which are different from the policies and procedures otherwise applied under the Medicaid state plan. During the period of Presidential and Secretarial emergency declarations related to COVID-19 outbreak (or any renewals thereof), or for any shorter period.

DHCF also submitted an Appendix K waiver to CMS on April 8, 2020. An Appendix K is a standalone appendix that may be utilized by states during an emergency to request amendment to approved Medicaid home-and-community-based services Section 1915(c) waivers. The Appendix K includes actions that Medicaid agencies can take under the existing Section 1915 (c) home and community-based waiver authority in order to respond to an emergency. On April 17, 2020, CMS approved the District's Appendix K emergency preparedness response plan to combat COVID-19.

#### **Enhanced Billing and Reimbursement**

The table below provides a listing of both the billing code and new rates for ALF services. The Medicaid Fee Schedule is located on the DHCF website at <https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload>.

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# Temporary Enhanced Reimbursement Rates for Assisted Living Facilities Due to COVID-19

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Service Description	Procedure Codes	Billable Unit	Reimbursement Rates	Limit (Duration)	Effective Date
Assisted Living Services	T2031-U3	Flat Rate	\$188.36	Max unit 1 per day	March 1, 2020 to June 30, 2020
Assisted Living Services	T2031-U3	Flat Rate	\$192.85	Max unit 1 per day	July 1, 2020

ALF providers must submit adjustments with an increased billed amount to ensure payment of the enhanced rate. Submitting adjustments will allow DHCF to pay the additional amount due to the providers.

## Reimbursement for Pharmacist Administered Vaccines, Immunizations, and Related Emergency Anaphylactic Agents

Effective February 15, 2020, the Centers for Medicare and Medicaid Services (CMS) approved an amendment to the District of Columbia Medicaid State Plan. The approved State Plan amendment authorizes the FFS Medicaid program to reimburse licensed and certified pharmacists for the administration of covered immunizations, vaccines, and emergency anaphylactic agents that are required to treat an anaphylactic reaction caused by an immunization or vaccine at the pharmacy point of sale (POS) for eligible FFS Medicaid beneficiaries.

This benefit will operate concurrently with the Vaccines for Children (VFC) Program. FFS Medicaid beneficiaries aged 18 and younger shall continue to receive immunizations, vaccines, and related emergency anaphylactic agents from participating providers in the VFC Program.

Except for flu vaccines, Medicaid reimbursement shall not be available if an immunization or vaccine covered under the VFC Program is administered to a FFS Medicaid beneficiary aged 18 and younger. Participating pharmacists who administer a flu vaccine or a vaccine that is not covered under the VFC Program to a Medicaid beneficiary aged 18 and younger are required to notify the beneficiary's primary care physician of the vaccination.

Current District of Columbia Board of Pharmacy regulations allow registered pharmacists that are certified by the Board of Pharmacy to administer immunizations and vaccinations to any person age twelve (12) and older with parental consent or valid identification if eighteen (18) or older if the protocol is expressly limited to only the following types of vaccinations: Hepatitis, Shingles, Human Papillomavirus, Tetanus, Tdap, Meningococcal, Haemophilus influenzae, pneumococcal, and influenza vaccinations, including but not limited to H1N1 and other epidemic vaccinations which are then currently called for by the World Health Organization or the Center for Disease Control and Prevention at the time of the vaccination.

### Pharmacy Benefit Coverage

FFS Medicaid covered products will be limited to the types of vaccinations and immunizations allowed per the DC Municipal Regulations found at <https://dchealth.dc.gov/node/187242>, subject to the additional restrictions on treatment and eligibility noted in DC Municipal Regulations regarding Medicaid-covered vaccinations at 29 DCMR 2715.

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# Reimbursement for Pharmacist Administered Vaccines, Immunizations, and Related Emergency Anaphylactic Agents

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## Pharmacy Claims Submission

All claims for pharmacist administered vaccinations, immunizations, and related emergency anaphylactic agents shall be submitted to the DC Medicaid FFS Pharmacy Benefit Manager (PBM), Magellan, at the pharmacy POS similar to all other pharmacy claims. All claims must be submitted using the National Council for Prescription Drug Programs (NCPDP) Version D.O claim format as mandated by the Health Insurance Portability Act (HIPAA) in January 1, 2012. DHCF will accept the B1, B2, B3, and E1 transactions in the NCPDP D.O format; no other transactions will be accepted.

## Pharmacy Reimbursement

Pharmacy POS reimbursement will include the ingredient cost of the vaccine, immunization, and related emergency anaphylactic agent plus an administration fee based on the assigned route of administration for the vaccine, immunization, and related emergency anaphylactic agent. Injectable administered products will have a \$13.00 administration fee. Nasal administered products will have a \$8.00 administration fee.

There will be no additional dispensing fee paid for vaccines, immunizations, and related emergency anaphylactic agents.

Refer to **Transmittal #20-24** for additional information.

# Reimbursement Rate Changes for Physical Therapy (PT), Occupational Therapy (OT), Speech and Language Therapy (ST)

The Department of Health Care Finance (DHCF), in accordance with the requirements set forth in Sections 9903.8, 9904.8, and 9905.9 of Chapter 99 and Section 988 of Chapter 9 of Title 29 of the District of Columbia Municipal Regulations, announces changes to the Medicaid reimbursement rates for home health physical therapy services, home health speech pathology and audiology services, and home health occupational therapy services provided to beneficiaries enrolled in the District Medicaid program.

The changes to the rates are effective October 1, 2019, per approval of the corresponding State Plan Amendment by the federal Centers for Medicare and Medicaid Services on January 29, 2020.

Service Description	Procedure Codes	Rate Effective Oct. 1, 2019	Rate Effective Jan. 1, 2020
Physical Therapy - Hourly	G0151	\$102.84 per hour, \$25.71 per 15 minutes	\$103.48 per hour, \$25.87 per 15 minutes
Physical Therapy - Evaluation or Re-Evaluation	G0151	\$102.84 per hour, \$25.71 per 15 minutes	\$103.48 per hour, \$25.87 per 15 minutes

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# Reimbursement rate changes for Physical Therapy (PT), Occupational Therapy (OT), Speech and Language Therapy (ST)

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Service Description	Procedure Codes	Rate Effective Oct. 1, 2019	Rate Effective Jan. 1, 2020
Occupational Therapy – Hourly	G0152	\$102.84 per hour, \$25.71 per 15 minutes	\$103.48 per hour, \$25.87 per 15 minutes
Occupational Therapy – Evaluation or Re-Evaluation	G0152–U4	\$102.84 per hour, \$25.71 per 15 minutes	\$102.84 per hour, \$25.71 per 15 minutes
Speech, Hearing & Language - Hourly	G0153–U4	\$102.84 per hour, \$25.71 per 15 minutes	\$102.84 per hour, \$25.71 per 15 minutes

**REMINDER**

## Conduent Office Continues to Telework

Please note that in an effort to protect our staff and our community, Conduent continues its remote operations **until further notice**. We will continually assess whether our office will continue working remotely or resume our regular on-site operations.

The IVR is available and you will still be able to receive telephonic support during this time. You may also use the Web Portal to check claim status, verify beneficiary eligibility, download remittance advices, and obtain payment information.

You can send an email to the following to request assistance:

- Provider Inquiry: [providerinquiry@conduent.com](mailto:providerinquiry@conduent.com)
- EDI Support: [edisupportdc@conduent.com](mailto:edisupportdc@conduent.com)
- Provider Field Services: [dc.providerreps@conduent.com](mailto:dc.providerreps@conduent.com)

We know this is a difficult and demanding time for everyone, and we assure you Conduent will continue to support you. We are all in this together as we work to empower people to transform healthcare. Thank you for your continued support and understanding. Be safe and be well.

## Pediatricians and EPSDT Providers - Have You Completed Your HealthCheck Training?

All Primary Care Providers serving Medicaid beneficiaries under the age of 21 are required to complete HealthCheck training every two years. The web-based training can be accessed at [www.dchealthcheck.net](http://www.dchealthcheck.net) and provides 5 free CME credits. Visit [www.dchealthcheck.net](http://www.dchealthcheck.net) today to complete your HealthCheck training requirement and to browse the available provider resources.

## Fluoride Varnish Training

For young children who have not yet established a dental home, primary care providers are the first line of defense for providing oral health care. Trained primary care providers may provide fluoride varnish applications for children under three up to four times per year. Fluoride varnish training and more information can be accessed at [www.dchealthcheck.net](http://www.dchealthcheck.net). If you have any questions on EPSDT provider training requirements, please contact [HealthCheck@dc.gov](mailto:HealthCheck@dc.gov).

## Important Numbers & Addresses

<b>Conduent Provider Inquiry</b> <b>PO Box 34734</b> <b>Washington, DC 20043-4734</b>	(202) 906-8319 (inside DC metro area) (866) 752-9233 (outside DC metro area) (202) 906-8399 (Fax) <a href="mailto:providerinquiry@conduent.com">providerinquiry@conduent.com</a>	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
<b>MAXIMUS Provider Enrollment</b> <b>1111 14<sup>th</sup> St. NW, Ste. 720</b> <b>Washington, DC 20005</b>	(844) 218-9700 (toll-free) <a href="http://www.dcpdms.com">www.dcpdms.com</a>	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
<b>Magellan Pharmacy Benefits Management</b>	Technical Assistance: (800) 272-9679 Clinical Assistance: (800) 273-4962 <a href="http://www.dc-pbm.com">www.dc-pbm.com</a>	Hours of Operation 24/7/365
<b>Conduent EDI Gateway Services</b>	(866) 407-2005 <a href="http://www.acs-gcro.com">www.acs-gcro.com</a> <a href="mailto:edisupportdc@conduent.com">edisupportdc@conduent.com</a>	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
<b>Transportation Broker Medical</b> <b>Transportation Management (MTM)</b>	(888) 561-8747 (866) 796-0601 (to schedule appointment) <a href="http://www.mtm-inc.net/index.asp">www.mtm-inc.net/index.asp</a>	
<b>Dental Help Line</b>	(866) 758-6807	
<b>Medicaid Fraud Hotline</b>	(877) 632-2873	
<b>Health Care Ombudsman</b>	(877) 685-6391	
<b>Conduent Provider Field Services</b>	<a href="mailto:dc.providerreps@conduent.com">dc.providerreps@conduent.com</a>	

Claims Department	
UB04 Claim Forms	PO Box 34693 Washington, DC 20043-4693
CMS1500 Claim Forms	PO Box 34768 Washington, DC 20043-4768
ADA and Pharmacy Claim Forms	PO Box 34714 Washington, DC 20043-4714
Adjustment/Void Forms	PO Box 34706 Washington, DC 20043-4706
Medicare Crossover Claim Forms	PO Box 34770 Washington, DC 20043-4770
278 Prior Authorization Transaction Attachments	PO Box 34756 Washington, DC 20043-4756
837 Claim Transaction Attachments	PO Box 34631 Washington, DC 20043-4631
Claim Appeals	PO Box 34734 Washington, DC 20043-4761



Department of Health Care Finance  
441 4th Street, NW Suite 1000S  
Washington, DC 20001  
Phone: 202-442-5988  
Fax: 202-442-4790  
[www.dhcf.dc.gov](http://www.dhcf.dc.gov)