

DC Medicaid Bulletin

Bi-monthly Publication for DC Medicaid Providers

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Latest News

2021 HCPCS/CPT Code Updates

The Department of Health Care Finance (DHCF) will adopt new CPT-HCPCS codes for dates of service beginning January 1, 2021. Discontinued codes will not be accepted after December 31, 2020. Final coverage decisions for some codes may be pending release of Medicare pricing information.

The new codes will be priced according to the District of Columbia's Medicaid State Plan, which stipulates that most physician services (including anesthesia services) are reimbursed at 80% of the Medicare rate as established by the CMS. For anesthesia services, the conversion factor will be updated to \$17.62 effective for dates of service January 1, 2021 through December 31, 2021.

Codes created as a result of the COVID-19 pandemic continue to be implemented per the effective dates in corresponding transmittals and are not included here as part of the annual update. For additional information visit the DHCF COVID-19 provider update website at: <https://dhcf.dc.gov/node/1477761>.

The listing of new, discontinued and revised 2021 CPT/HCPCS codes with their associated short descriptions and Medicaid coverage status (for new codes) is attached to this transmittal. For long descriptions, please consult your CPT and HCPCS resources.

For listing of new, discontinued and revised 2021 CPT & HCPCS codes, please refer to **Transmittal #21-01**.



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Temporary Enhanced Reimbursement Rates for Adult Substance Abuse Rehabilitation Services (ASARS) Due to COVID-19

The State Plan ASARS reimbursement rate changes are temporary and effective for dates of services beginning March 1, 2020 and sunsetting at the end of the federal Public Health Emergency. In addition, the rate changes are only available for ASARS services provided on a fee-for-service basis and do not apply to services provided under the Section 1115 Behavioral Health Transformation waiver.

On October 6, 2020, DHCF received CMS approval of DC SPA #20-007, which permits DHCF to increase the reimbursement to ASARS providers to support additional costs related delivery of services during the COVID-19 public health emergency, effective March 1, 2020. To implement this new authority, DHCF is issued Transmittal #20-36 to provide notice of the service type, unique procedure billing codes with modifiers and the twenty percent (20%) temporary enhanced rates that will be applied to services that are provided for Medicaid beneficiaries, beginning March 1, 2020. The unique billing codes and temporary enhanced rates are also located on the DHCF website at: www.dc-medicaid.com.

Billing Instructions

In order to receive payments, ASARS providers must use the correct rate and unique procedure code and modifiers for services provided. **Providers do not need to use the ‘CR’ modifier to receive the temporary enhanced rate.** For services delivered via telemedicine in accordance with Section 910 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations and applicable transmittals (Transmittal # 20-42; 20-08), the provider must use the “GT” modifier. The services which cannot be delivered via telemedicine are listed as “Not Allowed” in the table below.

ASARS Service Type	Procedure Code	Modifier	Telemedicine Modifier	Temporary Enhanced Rate Per Unit
Breathalyzer Collection	H0048		Not Allowed	\$10.56
Urinalysis Collection	H0048	LR	Not Allowed	\$10.56
Clinical Care Coordination	T1017	HF	HF GT	\$31.70
Counseling, Group	H0005		GT	\$8.65
Counseling, Group, Psycho-educational	H2027	HQ	HQ GT	\$7.28
Counseling, Group, Psycho-educational (HIV)	H2027	HQ HF	HQ HF GT	\$7.28
Counseling, Individual, On-site, Behavioral Health Therapy	H0004	HF	HF GT	\$34.57
Counseling, Individual, Off-site	H0004	HF TN	Not Allowed	\$35.32
Counseling, Family with Client	H0004	HF HR	HF HR GT	\$34.57
Counseling, Family without Client	H0004	HF HS	HF HS GT	\$34.57
Crisis Intervention	H0007	HF	HF GT	\$44.32
Short-term Medically Managed Intensive Withdrawal Management	H0010	U1	Not Allowed	\$596.38

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Temporary Enhanced Reimbursement Rates for Adult Substance Abuse Rehabilitation Services (ASARS) Due to COVID-19

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ASARS Service Type	Procedure Code	Modifier	Telemedicine Modifier	Temporary Enhanced Rate Per Unit
Behavioral Health Assessment, on- going, Risk Rating	H0002	TG	TG GT	\$180.92
Diagnostic Assessment, Comprehensive, Adult	H0001		GT	\$311.14
Behavioral Health Screening, Initial, Determine eligibility	H0002	HF	HF GT	\$103.72
Medication Assisted Treatment, Methadone, Clinic or Take Home	H0020		Not Allowed	\$10.30
Medication Assisted Therapy, Administration	H0020	HF	Not Allowed	\$10.30
Medication Management, Adult	H0016		GT	\$60.31

Table below is applicable for ASARS for beneficiaries who are deaf or hard-of-hearing and provided by a provider certified to provide services to beneficiaries who are deaf or hard-of- hearing.

ASARS Service Type	Procedure Code	Modifier	Telemedicine Modifier	Temporary Enhanced Rate
Breathalyzer Collection	H0048	HK	Not Allowed	\$14.26
Urinalysis Collection	H0048	HK LR	Not Allowed	\$14.26
Clinical Care Coordination	T1017	HK HF	HK HF GT	\$35.59
Counseling, Group	H0005	HK	HK GT	\$12.96
Counseling, Group, Psycho-educational	H2027	HK HQ	HK HQ GT	\$10.76
Counseling, Group, Psycho-educational (HIV)	H2027	HK HQ HF	HK HQ HF GT	\$10.76
Counseling, Individual, On-site, Behavioral Health Therapy	H0004	HK HF	HK HF GT	\$42.82
Counseling, Individual, Off-site	H0004	HK HF TN	Not Allowed	\$44.47
Counseling, Family with Client	H0004	HK HF HR	HK HF HR GT	\$42.82
Counseling, Family without Client	H0004	HK HF HS	HK HF HS GT	\$42.82
Crisis Intervention	H0007	HK HF	HK HF GT	\$59.82
Short-term Medically Managed Intensive Withdrawal Management	H0010	HK	Not Allowed	\$862.00
Behavioral Health Assessment, on-going, Risk Rating	H0002	HK TG	HK TG GT	\$226.80
Diagnostic Assessment, Comprehensive, Adult	H0001	HK	HK GT	\$414.76

Temporary Enhanced Reimbursement Rates for Adult Substance Abuse Rehabilitation Services (ASARS) Due to COVID-19

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ASARS Service Type	Procedure Code	Modifier	Telemedicine Modifier	Temporary Enhanced Rate
Behavioral Health Screening, Initial, Determine eligibility	H0002	HK HF	HK HF GT	\$138.25
Medication Assisted Treatment, Methadone, Clinic or Take Home	H0020	HK	Not Allowed	\$10.30
Medication Assisted Therapy, Administration	H0020	HK HF	Not Allowed	\$13.90
Medication Management, Adult	H0016	HK	HK GT	\$72.34

Reimbursement for Medical Equipment, Supplies and Appliances

DHCF has established Medicaid coverage and reimbursement for medical alert services and devices under the home health benefit of the Medicaid State Plan. Medical alert devices and services will include coverage of personal emergency response system (PERS) devices and services, as well as medication management devices (MMD) and services. Addition of coverage of medical alert devices and services under the State Plan aligns with changes DHCF is proposing to the District's 1915(c) Home and Community Based-Services Waiver for the Elderly and Persons with Physical Disabilities effective October 1, 2020.

This policy change takes effect on October 1, 2020, the effective date established in the corresponding State Plan amendment, which was approved by the Centers for Medicare and Medicaid Services on September 30, 2020. The regulations governing the scope, coverage and duration of DME services can found in 29 DMCR 997. DHCF is also amending program rules by adding chapter 998 MEDICAL ALERT DEVICES AND SERVICES governing the scope, coverage and duration of services.

Service Description	Procedure Code	Modifier	Notes	Rate Effective October 1, 2020
PERS – Installation	S5160	[None]	Single-unit installation at the out-set of services (generally one-time across the life of services, unless there's a lapse)	\$45.00
PERS – Services	S5161	[None]	Monthly rate for monitoring and services, including repairs or replacements of equipment	\$35.00
MMD – Installation	T1505	U1	Single-unit installation at the out-set of services (generally one-time across the life of services, unless there's a lapse)	\$40.00
MMD – Services	T1505	U2	Monthly rate for monitoring and services, including repairs or replacements of equipment	\$50.00

Refer to **Transmittal #20-35** for additional information.

Program Year 2020 of the DC Medicaid Promoting Interoperability/EHR Incentive Program will open on October 19, 2020

DHCF announces the opening of Program Year 2020 for the DC Medicaid Promoting Interoperability Program on October 19, 2020. The Department of Health Care Finance (DHCF) will accept attestations from all eligible providers from that date until the close of the program year on March 15, 2021. DHCF will not be offering an extension to Program Year 2020.

To qualify for 2020 Medicaid EHR incentive payments of \$8,500 per program year, a provider must:

- Be either a licensed physician, nurse practitioner, certified nurse midwife, or dentist;
- Maintain a Medicaid patient volume threshold of 30% (20% for pediatricians); and
- Have already received a Medicaid EHR incentive payment from DC or another state.

DHCF is partnering with eHealthDC to offer free technical assistance to all eligible providers this year and through the end of the Medicaid EHR program in 2021. eHealthDC offers support to providers who require assistance to meet the requirements of the incentive program and navigate the new state-level registry (SLR) system to apply for the incentive payment.

eHealthDC is also available to help providers attest for Program Year 2020. If you would like assistance with program year 2020, please contact eHealthDC immediately to receive assistance prior to the March 15, 2021 deadline.

If you would like more information on whether you qualify for incentive payments or free technical assistance, please contact eHealthDC at contact@e-healthdc.org. You may also call 202-552-2331 or submit a request for assistance at www.e-healthdc.org.

Refer to **Transmittal #20-39** for additional information.

72-hour (3-day) Emergency Supply of Medication While a Prior Authorization (PA) Decision is Being Finalized

The District's Medicaid Fee for Service (FFS) and Medicaid Managed Care Organizations (MCOs) – AmeriHealth Caritas DC, CareFirst BlueCross BlueShield Community Health Plan DC, Health Services for Children with Special Needs (HSCSN), and MedStar Family Choice DC – is authorizing in-network pharmacy providers to dispense a 72-hour (3-day) emergency supply of medication(s) (determined by the pharmacist) while a prior authorization (PA) decision is being finalized. A 72-hour (3-day) emergency supply of medication is available when medication must be started or to prevent interruption in treatment when a PA is required.

Information for Pharmacy Providers on dispensing a 72-hour (3-day) emergency supply

- The rule applies to any submitted pharmacy drug claim that results in a NCPDP Reject Code: 75 “Prior Authorization (PA) Required” and any drug(s) that is affected by clinical or PA edits and requires prior approval from the prescriber.
- If the prescriber cannot be reached or is unable to request the PA, the pharmacy should submit an emergency 72-hour prescription.
- Pharmacist should use his/her professional judgment regarding whether there is an immediate need every time the 72-hour option is used.

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72-hour (3-day) Emergency Supply of Medication While a Prior Authorization (PA) Decision is Being Finalized

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- The 72-hour emergency procedure should not be used for routine and continuous overrides.
- If the medication is a dosage form that prevents a 3-day supply from being dispensed, it is still permissible to indicate that the emergency prescription is a 3-day supply, and enter the full quantity dispensed. Dispense the minimum quantity as a 3-day supply. Examples include, but are not limited to, metered dose inhalers, nasal sprays, topical preparations and powders for reconstitution.
- Pharmacy claims requiring a PA will reject with the following code and messaging: 75 - Prior Authorization Required. Inform the Medicaid beneficiary, notify the prescriber that a PA is required, and contact the Pharmacy Benefit Manager (PBM) if needed. Follow the instructions in the PA error message and submit the indicated PA Type Code, Submission Clarification Code, and/or PA Auth Code if needed to obtain a paid claim for the 3-day emergency supply.

Refer to **Transmittal #20-38** for additional information.

Updates to ADHP Rates and Modifiers, and New Temporary Reimbursement Rates and Modifiers for ADHP Services Due to COVID-19

Transmittal #21-02 provides updates on the State Plan and EPD Waiver Adult Day Health Program (ADHP) services per diem rates and modifiers, and replaces earlier guidance on temporary reimbursement rates and modifiers for ADHP services established during the COVID-19 public health emergency (PHE) as provided in DHCF Transmittal # 20-19 (rev. #2), effective January 4, 2021.

The table below provides a listing of both the billing codes and new rates for ADHP services. The Medicaid Fee Schedule for those services is located on the DHCF website at <https://www.dcm Medicaid.com/dcwebportal/nonsecure/feeScheduleDownload>.

ADHP State Plan (SPA) Rates

Service Description	Procedure Code	Modifier	Rate
ADHP	S5100	U1	\$108.56 per diem
ADHP	S5100	U2	\$138.54 per diem

ADHP EPD Waiver Rate

Service Description	Procedure Code	Modifier	Rate
ADHP	S5100	U3	\$138.54 per diem

Temporary COVID-19 PHE Billing & Reimbursement

The temporary ADHP reimbursement rates payable during the COVID-19 public health emergency, associated procedure codes and modifiers are outlined in the separate table below. To receive the temporary PHE reimbursement rates, ADHP providers must submit claims with the correct

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Updates to ADHP Rates and Modifiers, and New Temporary Reimbursement Rates and Modifiers for ADHP Services Due to COVID-19

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procedure codes and modifier combinations or, for retainer payments, submit invoiced lists of requested retainer payments consistent with DHCF’s prior guidance.

Service Description	Procedure Codes and Modifiers	Remote Services Modifiers	Remote Services Rate	Retainer Rate
ADHP—State Plan Service	S5100-U1	CR	\$81.42 per diem	\$27.14 per diem
ADHP—State Plan Service	S5100-U2	CR	\$103.76 per diem	\$34.58 per diem
ADHP—EPD Waiver Service	S5100-U3	CR	\$103.76 per diem	\$34.58 per diem

The remote services rate listed in the above table should be used to bill for any date of service on which the ADHP conducts a telephonic or remote wellness visit, at minimum. The retainer rate in the above table should be used by ADHPs that are unable to provide services in person due to the public health emergency and for dates of service on which services cannot be delivered virtually, not to exceed 18 consecutive weekdays or ninety days of service in total for each beneficiary for whom retainer payments are claimed. Retainer payments will continue to be facilitated through a financial transaction process. Under this process, the ADHPs are required to submit documentation and attestation that enables DHCF to verify and justify the retainer payment. The retainer payment is paid on a monthly basis after all claims for the month have been submitted.

In the event an ADHP renders a remote wellness check in addition to another remote ADHP service, to include remote nursing or counseling services, remote individual or group therapy services, or meal delivery, the ADHP should bill without the CR modifier and indicate Place of Service code 02 (telehealth) to bill at the full per diem rate.

For more detail information about the above rates, please consult the updated COVID-19 Public Health Emergency (PHE): Home and Community-Based Services Billing and Documentation Guidelines for Services Delivered Under Temporary Policy and Procedural Arrangements. The most current version of the guideline can be found on <https://dhcf.dc.gov/publication/informational-bulletins-ltc-providers> webpage.



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. If you have any questions on EPSDT provider training requirements, please contact HealthCheck@dc.gov

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 and provides 5 free CME credits. Visit www.dchealthcheck.net today to complete your HealthCheck training requirement and to browse the available provider resources.

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
- EDI Support: edisupportdc@conduent.com
- Provider Field Services: 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.

Important Numbers & Addresses

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

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



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