



DC Medicaid Bulletin

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Medicaid Providers*



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Continuity of Care for Beneficiaries in District Dual Choice (DSNP) and Provider Reimbursement

On February 1, 2022, DHCF entered into a new contract with a Medicare Advantage Organization (MAO) operating a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP), United Healthcare. Under this new contract, UnitedHealthcare will cover both Medicare and Medicaid services for eligible enrollees.

The D-SNP program, District Dual Choice, is officially in a transition period between February 1, 2022 and July 31, 2022. During this time, continuity of care (COC) is a priority and there are COC requirements to ensure access to ongoing care is seamless. This is particularly relevant with the new contract as beneficiaries previously enrolled in UnitedHealthcare for their Medicare benefits only will be accessing their Medicaid benefits through the plan for the first time.

During the transition period, UnitedHealthcare will reimburse for services rendered to covered beneficiaries regardless of your contracted status with the health plan. Prior authorizations, provider beneficiary relationships and ongoing services in place on January 31, 2022 will be honored. Providers are expected to maintain existing services between now and July 31, 2022, and providers can expect to be reimbursed for services provided. Additional details are provided below.

Continuity of Care Requirements

DHCF has instituted the following COC provisions for the Dual Choice program:

- Health care providers should not cancel appointments or services with current patients. UnitedHealthcare will honor any ongoing treatment that was authorized prior to the beneficiary's enrollment into the Medicare-Medicaid integrated program for up to 180 days after the transition.
- Providers will be paid. Providers should continue providing any services that were previously authorized, regardless of whether the provider is currently participating in UnitedHealthcare's network. UnitedHealthcare will pay for previously authorized services at 100 percent of the current Medicaid rate throughout the continuity of care period.
- Providers will be paid promptly. During the continuity of care period, UnitedHealthcare is required to follow all timely claims payment contractual requirements. DHCF will monitor complaints to ensure that any issues with delays in payment are resolved.

Refer to the revised **Transmittal #22-04** for additional information.

Updates to the Laboratory Billing Codes and Reimbursement Rates for COVID-19 Testing

The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to testing and treatments for COVID-19 in the professional setting. This transmittal provides notice of coverage and reimbursement for additional HCPCS and CPT codes related to COVID-19 diagnostic testing for fee-for-service providers and for providers enrolled in Medicaid Managed Care Organization (MCO) networks. The transmittal also provides a comprehensive listing of all current coverage and pricing for COVID-19 laboratory tests throughout the pendency of the Public Health Emergency (PHE).

The changes in this transmittal include the coverage of proprietary laboratory codes and new pricing where indicated as sourced by Medicare as of January 1, 2022. This transmittal supersedes that provided in Transmittal 21-19, Transmittal 20-41, Transmittal 20-22, Transmittal 20-21, Transmittal 20-13, and Transmittal 20-09. Prior transmittals on the COVID-19 laboratory tests are available at: <https://dhcf.dc.gov/page/2020-dhcf-medicaid-updates>.

Billing Codes & Reimbursement

The billing and reimbursement rates for COVID-19 diagnostic test and specimen collection codes are based on the Medicare Administrative Contractor (MAC) for DC or other published guidance by CMS. If newer rates are published by CMS or a MAC, the rates may be updated with retroactive payment adjustments as necessary. Refer to Transmittal #22-10 for the list of newly added codes or rate changes.

COVID-19 Test Kits Reimbursement Process

Effective January 15, 2022, the Department of Health Care Finance (DHCF) will cover the cost or reimburse Medicaid beneficiaries for Food and Drug Administration (FDA) approved COVID-19 test kits purchased by the Medicaid beneficiary. District of Columbia (DC) Medicaid beneficiaries and those enrolled in the Alliance program are limited to four (4) test kits or eight (8) individual tests per month.

Pharmacy Coverage

COVID test kits or tests may be purchased at a retail pharmacy for all DC Medicaid and Alliance enrollees at no cost to the beneficiary. For Managed Care Organization (MCO) Medicaid enrollees and Fee-for-Service (FFS) beneficiaries, the claims shall be processed through the FFS Pharmacy Benefit Manager (PBM) Magellan:

Plan Name/Group Name : DCMedicaid

BIN: 018407

PCN: DCMC018407

For COVID-19 test kits or tests purchased at a retail pharmacy for an Alliance enrollee, the claims shall be processed through the PBM of the assigned MCO.

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COVID-19 Test Kits Reimbursement Process

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Reimbursement Process

Medicaid beneficiaries and Alliance enrollees shall be reimbursed up to \$12 per test or \$24 per test kit when purchased from a store or online retailer. COVID-19 test(s) purchased at a network provider will be reimbursed the actual costs of the test or test kit. Beneficiaries are limited to four (4) test kits or eight (8) individual tests per month.

1. Complete the attached Medicaid Reimbursement Form
2. Submit the completed Reimbursement Form and COVID-19 test kit receipt to:

Recipients Claims Research Team
DC Department of Health Care Finance
441 4th Street NW, 900 South
Washington, DC 20001
ATTN: Reimbursement Team

*Request for reimbursement must be submitted within 180 days from the date of purchase.

If you have any questions regarding the pharmacy claims process, please contact Magellan PBM:

- For Providers: 1-800-273-4962
- For beneficiaries: 1-800-272-9679

If you have any questions about the out-of-pocket reimbursement, please contact Kenneth Gause or Pamela Stevenson, Health Care Operations Administration via telephone at (202) 698-2000.

Professional Services Billing Code and Reimbursement Rate for Newly Approved Antiviral Therapy Billing Code for COVID-19, Remdesivir

The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to treatments for COVID-19 in the professional setting. This transmittal provides notice of coverage and reimbursement for the antiviral drug therapy, remdesivir, in the professional fee schedule for fee-for-service providers that bill HCPCS and CPT codes on CMS-1500 claim forms, and for providers enrolled in Medicaid Managed Care Organization (MCO) networks.

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Professional Services Billing Code and Reimbursement Rate for Newly Approved Antiviral Therapy Billing Code for COVID-19, Remdesivir

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Intravenous remdesivir is approved by the Food and Drug Administration (FDA) for the treatment of COVID-19 in hospitalized adult and pediatric patients (aged ≥12 years and weighing ≥40 kg). It is also available through an FDA Emergency Use Authorization (EUA) for the treatment of COVID-19 in hospitalized pediatric patients weighing 3.5 kg to <40 kg or aged <12 years and weighing ≥3.5 kg. Remdesivir should be administered in a hospital or a health care setting that can provide a similar level of care to an inpatient hospital. DHCF added the code to the professional fee schedule for any such health care settings providing a similar level of care.

Billing Codes & Reimbursement

The billing and reimbursement rates for administration of antiviral drug therapy for COVID-19 are based on the published guidance by CMS. If newer rates are published by CMS or a Medicare Administrator Contractor (MAC), the rates may be updated with retroactive payment adjustments as necessary.

Administration

Providers should report the typical administration billing codes for the intravenous administration based on the type and total time of the infusion.

Product

HCPCS billing code J0248 has been created to specify the product of remdesivir. Providers should bill according to the units and dosage administered.

HCPCS/ CPT	Description	Brand Name	Generic Name	Effective Date	Rate
J0248	Inj, remdesivir, 1 mg	Veklury	Remdesivir	12/23/2021	\$5.51

For MCO Enrollees: Providers should follow instructions provided by the enrollee's MCO for billing for COVID-19 antiviral therapy. MCOs are required to reimburse providers at the rates published in this transmittal. Contact the appropriate MCO for more information:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 888-656-2383
- CareFirst Community Health Plan DC Provider Services: 202-821-1100

Professional Services Billing Code and Reimbursement Rate for Newly Approved Antiviral Therapy Billing Code for COVID-19, Remdesivir

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- Health Services for Children with Special Needs (HSCSN) Provider Services: 202-467- 2737 | Option #2
- MedStar Family Choice-DC Provider Services: 855-798-4244

Contact

Please refer to the DHCF provider fee schedule available at <https://www.dc-medicaid.com> for all future updates related to coverage of COVID-19 codes, and for the most up-to-date information on pricing. If you have questions, please contact Amy Xing, Reimbursement Analyst, at amy.xing2@dc.gov or 202-481-3375.

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.

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.



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-gcro.com edisupportdc@conduent.com	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
United Healthcare of the Mid-Atlantic	(866) 242-7726	Hours of Operation Monday- Friday 8:00 am - 5:30 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	

Claim Addresses	
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

Conduent State Healthcare
750 First St NE, Ste 1020
Washington, DC 20002

If you have any questions related
to the topics in this bulletin,
please contact Conduent at
202.906.8319

Medicaid Provider Bulletins are
located on the Web Portal
www.dc-medicaid.com