



DC Medicaid Bulletin

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Updates to the Professional Services Billing Codes and Reimbursement Rates for COVID-19 Monoclonal Antibody Infusions

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 Monoclonal Antibody infusions 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.

Transmittal #22-18 amends guidance provided in Transmittal #21-42 COVID-19 Monoclonal Antibody Infusions Update issued September 30, 2021. This update reflects codes and rates per the latest guidance by the FDA for the non-authorization of bamlanivimab and etesevimab (administered together) by Eli Lilly and casirivimab and imdevimab (administered together) by Regeneron because these products were determined to be ineffective in treating the Omicron variant, the emergency use authorization (EUA) of tixagevimab co-packaged with cilgavimab by Astra-Zeneca and bebtelovimab by Eli Lilly, and new pricing where indicated as sourced by Medicare as of January 1, 2022.

Billing Codes & Reimbursement

The billing and reimbursement rates for administration of COVID-19 Monoclonal Antibody infusions 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. Unless otherwise indicated, CMS only priced the administration of these services as the product is being provided for free initially.

In accordance with regulations at 42 CFR § 447.15, providers may not balance bill Medicaid beneficiaries amounts additional to the amount paid by the agency plus any deductible, coinsurance or copayment required by the state plan to be paid by the beneficiary.

Administration

The table listed in **Transmittal #22-18** provides the relevant and most current billing and reimbursement guidance for the administration of all COVID-19 monoclonal antibody infusions covered by DHCF to date. M0239 (bamlanivimab-xxxx) was reimbursed accordingly for dates of service 11/10/2020-4/16/2021 and is not covered effective 4/17/2021. M0243 (Casirivi and imdevi infusion) and M0245 (Bamlan and etesev infusion) had a rate of \$309.60 effective through 5/5/2021 that was updated to \$551.07 for dates of service 5/6/2021-12/31/2021.

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Updates to the Professional Services Billing Codes and Reimbursement Rates for COVID-19 Monoclonal Antibody Infusions

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M0240 (Casiri and imdev repeat), M0241 (Casiri and imdev repeat hm), M0243 (Casirivi and imdevi infusion), M0244 (Casirivi and imdevi infus home), M0245 (Bamlan and etesev infusion, and M0246 (Bamlan and etesev infus home) were reimbursed accordingly for dates of service 5/6/2021-01/23/22 and are not covered effective 1/24/22.

Products

Since CMS anticipates that providers will not incur a cost for the products for Monoclonal Antibody infusions initially, CMS will update the payment allowance for the products at a later date. Providers should not bill for the product if they received it for free, thus most of the product codes are not covered at this time in the professional fee schedule. The exceptions at this time are the products for Sotrovimab and Tocilizumab. Providers should bill for Sotrovimab and Tocilizumab product when administered because it is not provided for free. Q0239 (bamlanivimab-xxxx) was end dated effective 4/17/2021.

For MCO Enrollees: Providers should follow instructions provided by the enrollee's MCO for billing for the administration of COVID-19 monoclonal antibody infusions. 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
- Health Services for Children with Special Needs (HSCSN) Provider Services: 202-467-2737 | Option #2
- MedStar Family Choice-DC Provider Services: 855-798-4244

Please refer to **Transmittal# 22-18** for product and procedure codes list.

Updates to Chore and Homemaker Fee Schedule

Transmittal # 22-05 has been revised to reflect updates to the Chore and Homemaker Fee Schedule. This revision updates the effective date to be May 1, 2022.

This transmittal provides updates on the EPD Waiver Chore and Homemaker services fee schedule rates and units in accordance with requirements set forth in Section 4209.7 of Chapter 42 (Home and Community-Based Services Waiver for Persons Who Are Elderly and Individuals with Physical Disabilities) and Section 988 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations. The updates correct an identified discrepancy between the EPD Waiver fee schedule and national standards for the procedure codes. The rate reflected in the Medicaid fee schedule is an hourly rate (\$21), but the code requires billing in fifteen-minute increments. By way of this update, the hourly rates for each service do not change, but the units in which they must be billed have been clarified. Accordingly, changes to EPD Waiver regulations are forthcoming. The fee schedule corrections are effective for dates of service May 1, 2022, or later.

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

EPD Waiver Services and Rates

Service Description	Procedure Code	Modifier	Rate (effective May 1, 2022)
Chore Aide	S5120	U3	\$5.25 per unit (15 minutes)
Homemaker Services	S5130	U3	\$5.25 per unit (15 minutes)

Contact:

If you have any questions, please contact Benjamin Ebeigbe, Special Projects Officer, Long Term Care Administration, Department of Health Care Finance, at 441 4th Street, Suite 900S, Washington, DC 20001, email benjamin.ebeigbe@dc.gov or via telephone at (202) 724-7085.

Reimbursement Rate Updates for Non-Emergency Ambulance Services

Non-emergency ambulance services are reimbursed in accordance with Attachment 4.19B, Part I, pages 13-14, of the District of Columbia Medicaid State Plan. The changes to the rates will become effective on May 1, 2022.

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

Service Description	Procedure Code	Rate (effective May 1, 2022)
ALS 1 Non-Emergency	A0426	\$278.73
BLS Non-Emergency	A0428	\$232.27
Specialty Care Transportation (SCT)	A0434	\$754.88

Refer to **Transmittal #22-16** for additional information.

Contact:

If you have any questions, please contact Amy Xing, Reimbursement Analyst, Office of Rates Reimbursement and Financial Analysis, Department of Health Care Finance, via email amy.xing2@dc.gov or via telephone at (202) 481-3375.

Skilled Nursing Rate Changes Effective October 1, 2021

Skilled nursing service reimbursement rates are updated in accordance with authority provided in the District of Columbia Medicaid State Plan at Attachment 4.19B, Part I, pages 4-4e, 29 DCMR §4200 et seq., and 29 DCMR 9000 et seq. Providers who have submitted claims using the superseded rate schedule can resubmit the claims as adjustments using the new fee schedule for reprocessing.

Refer to **Transmittal #22-17** for a listing of the billing codes and new rates for skilled nursing services. The temporarily enhanced reimbursement rates, except for those services provided by DD Waiver and IFS waiver services, are also included in this transmittal. Enhanced rates for DD Waiver & IFS waiver services are published separately by a transmittal issued by the DC Department on Disability Services (DDS). The Medicaid Fee Schedule for the skilled nursing services is located on the DHCF website at <https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload>.



Submitting Claim Refunds to DHCF

DHCF's preferred method for a provider to refund the program for claims paid in error is for the provider to void the claims instead of submitting a check to DHCF. Overpayments will be deducted from the available claims payment balance. Voids may be submitted online, electronically or hardcopy. Instructions for submitting a void may be found in all Billing Manuals available under Provider Type Specific Information. **Note:** Timely filing rules are not applicable for submitting voids.

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