



DC Medicaid Bulletin

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Doula Benefit, Provider Qualifications and Enrollment, Rates and Reimbursement Standards

Effective October 1, 2022, the Department of Health Care Finance (DHCF) began reimbursing for doula services and enroll doulas as providers in health programs (Medicaid, Alliance, and the Immigrant Children's Program). **Transmittal #22-34** outlines the scope of services, enrollment information, billing standards, and reimbursement rates for doulas.

Scope of Services

Doulas will provide services and supports to birthing parents enrolled in DHCF health programs. Specifically, doula services include up to twelve (12) visits for a person who is pregnant or in the six (6) months after their pregnancy ends. Doula services are separated into two (2) periods: the perinatal period (before, during, and up to six (6) weeks after delivery) and the doula postpartum period (beginning on the last day of pregnancy and extending through the end of the calendar month in which one hundred eighty (180) days after the end of the pregnancy falls). Doulas will be expected to use the initial visit with a beneficiary to develop a Care Plan for both the perinatal and postpartum periods.

- During the perinatal period, services include:
 - 1) Perinatal counseling and education, including infant care, to prevent adverse outcomes;
 - 2) Labor support and attendance at delivery, including the development of a birth plan; and
 - 3) Coordination with community-based services, to improve beneficiary outcomes.
- During the postpartum period, services include:
 - 1) Visits with the beneficiary to provide basic infant care;
 - 2) Accompanying the beneficiary to a clinician visit;
 - 3) Lactation support; and
 - 4) Emotional and physical support.

Limits: Doula services are limited to a total of twelve (12) visits per beneficiary across the perinatal and the postpartum period. Doula services are provided as preventive services in DHCF health programs and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary.

Refer to **Transmittal #22-34** for additional information.



Language Access and Interpretive Services

Effective October 13, 2022, DHCF implemented a paperless process for submitting requests for interpretive services.

Interpreter/Communication Access Real-Time (CART) Services
Requests Providers must submit interpreter services requests for face-to-face interpretive services requests to Context Global, Inc. at 202-800-8278 (M-F 9AM to 5PM) or via e-mail at: interpreterinfo@contextglobal.com.

Please allow 5-7 business days for approval. If your request is outside of this timeframe, there is no guarantee that an interpreter will be available. However, urgent requests may be fulfilled depending on an interpreter's availability

Please refer to **Transmittal #22-35** for additional information.

Updates to the Professional Services Billing Codes and Reimbursement Rates for Monkeypox

The billing and reimbursement rates for laboratory testing and administration of Monkeypox vaccinations are based on 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 co-payment required by the State Plan to be paid by the beneficiary.

Laboratory Testing

The table below provides the relevant and most current billing and reimbursement guidance for laboratory testing related to the Monkeypox virus covered by DHCF to date.

HCPCS/ CPT	Description	Effective Date	Max Units	PA Required	Rate
87593	ORTHOPOX- VIRUS AMP PRB EACH	7/26/22	1	No	\$51.31

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Updates to the Professional Services Billing Codes and Reimbursement Rates for Monkeypox

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For the vaccine administration codes, providers should bill the regular vaccine administration codes (90471, 90472). Since CMS anticipates that providers will not incur a cost for the products for the Monkeypox vaccine 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 the product codes are not covered at this time in the professional fee schedule. When products transition to the private market for purchase by providers, coverage and rates will apply.

HCPCS/CPT	Description	Coverage/Rates
90611	SMALLPOX & MONKEYPOX VAC 0.5ML	Not covered
90622	VACCINIA VRS VAC 0.3 ML PERQ	Not covered

Refer to Transmittal #22-31 for additional information.

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.



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) 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 https://edicommercial.portal.conduent.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
Comagine (formerly Qualis Health)	(800) 251-8890 (800) 731-2314 (Fax) https://comagine.org	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	

Important Addresses

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