

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of Rates, Reimbursement & Financial Analysis

DATE: December 09, 2019

SUBJECT: Revised Behavioral Health Transformation Demonstration Program Rates

The purpose of this notice is to inform the District of Columbia’s Medicaid providers of the reimbursement rates for behavioral health services provided to Medicaid beneficiaries under the Behavioral Health Transformation Demonstration Program (Demonstration Program), beginning January 1, 2020.

On November 6, 2019, the Centers for Medicare and Medicaid Services (CMS) approved the District’s Behavioral Health Transformation demonstration with an effective date of January 1, 2020. Most new services authorized under the waiver will be phased in beginning on the effective date. Under the Demonstration Program, residential and inpatient services provided to beneficiaries in institutions for mental diseases (IMD) shall be authorized for reimbursement for the life of the waiver, until December 31, 2024, while all other services shall be temporary and have a sunset date of December 31, 2021.

The table below outlines the codes and associated rates for the services provided under the demonstration program. In accordance with the requirements of Chapter 86 (Behavioral Health Transformation Demonstration Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations, services authorized under the demonstration program are reimbursed in accordance with the Medicaid fee schedule, unless otherwise indicated. The Medicaid fee schedule is located on the DHCF website at: www.dc-medicaid.com.

Service Description	Procedure Code	Modifier	Reimbursement Rate
Psychiatric Hospitalizations			
Psychiatric Hospitalization – St. Elizabeths Hospital	-	-	\$450.00 Daily Per Diem (adjusted by the 30% local share) and subject to the final audited cost settlement process.
Psychiatric Hospitalization – In IMD other than St. Elizabeths Hospital	-	-	The reimbursement is calculated as: Hospital specific base rate X APR-DRG relative weight X Paid days.
Withdrawal Management			
Withdrawal Management (WM) - Hospital	-	-	The reimbursement is calculated as: Hospital specific base rate X APR-DRG relative weight X Paid days.

Short-term Medically Monitored Inpatient Withdrawal Management (MMIWM), Non-Hospital	H0010	U1	\$496.98 Per diem
Residential SUD Services			
Diagnostic Assessment, Comprehensive, Adult	H0001	-	\$259.28 Per service
Diagnostic Assessment, Brief, Modify Tx Plan	H0001	TS	\$86.43 Per service
Behavioral Health Screening, Initial, Determine eligibility	H0002	HF	\$86.43 Per service
Behavioral Health Assessment, on-going, Risk Rating	H0002	TG	\$150.77 Per service
Counseling, Individual, On-site, Behavioral Health Therapy	H0004	HF	\$28.81 Per 15 minutes
Counseling, Group	H0005	-	\$7.21 Per 15 minutes
Crisis Intervention	H0007	HF	\$36.93 Per 15 minutes
Medication Management, Adult	H0016	-	\$50.26 Per 15 minutes
Breathalyzer Collection	H0048	-	\$8.80 Per service
Urinalysis Collection	H0048	LR	\$8.80 Per service
Clinical Care Coordination	T1017	HF	\$26.42 Per 15 minutes
Counseling, Group, Psycho-educational	H2027	HQ	\$6.07 Per 15 minutes
Counseling, Group, Psycho-educational (HIV)	H2027	HQ-HF	\$6.07 Per 15 minutes
Clubhouse			
Psychosocial Rehabilitation (Clubhouse)	H2031	-	\$95.00 Daily
Supported Employment for SMI (Effective February 1, 2020)			
Supported Employment, Vocational	H2025	-	\$18.61 Per 15 minutes
Recovery Support Services for SUD			
Recovery Support Evaluation, Alcohol/drug Assessment	H0001	HF	\$86.43 Per service
Recovery Support, Individual	H2014	-	\$24.27 Per 15 minutes
Recovery Support, Group	H2014	HQ	\$6.07 Per 15 minutes
Recovery Support, Individual (HIV)	H2014	HV	\$24.27 Per 15 minutes
Licensed Behavioral Health Practitioners			
Psychologists/Other Behavioral Health Providers	-	-	80% of the Medicare Fee Schedule

For services related to Medicaid beneficiaries who are deaf or hard of hearing, the following reimbursement rates shall apply:

Service Description	Procedure Code	Modifier	Reimbursement Rate
Withdrawal Management			
Short-term MMIWM, non-hospital	H0010	U1-HK	\$718.33 Per diem
Residential SUD Services			
Diagnostic Assessment, Comprehensive, Adult	H0001	HK	\$345.63 Per service
Diagnostic Assessment, Brief, Modify Tx Plan	H0001	TS-HK	\$115.21 Per service
Behavioral Health Screening, Initial, Determine eligibility	H0002	HF-HK	\$115.21 Per service
Behavioral Health Assessment, on-going, Risk Rating	H0002	TG-HK	\$189.00 Per service
Counseling, Individual, On-site, Behavioral Health Therapy	H0004	HF-HK	\$35.68 Per 15 minutes
Counseling, Group	H0005	HK	\$10.80 Per 15 minutes
Crisis Intervention	H0007	HF-HK	\$49.85 Per 15 minutes
Medication Management, Adult	H0016	HK	\$60.28 Per 15 minutes
Breathalyzer Collection	H0048	HK	\$11.88 Per service
Urinalysis Collection	H0048	LR-HK	\$11.88 Per service
Clinical Care Coordination	T1017	HF-HK	\$35.67 Per 15 minutes
Counseling, Group, Psycho-educational	H2027	HQ-HK	\$8.97 Per 15 minutes
Counseling, Group, Psycho-educational (HIV)	H2027	HQ-HF-HK	\$8.97 Per 15 minutes
Clubhouse			
Psychosocial Rehabilitation (Clubhouse)	H2031	HK	\$128.25 Daily
Recovery Support Services for SUD			
Recovery Support Evaluation, Alcohol/drug Assessment	H0001	HF-HK	\$115.21 Per service
Recovery Support, Individual	H2014	HK	\$29.66 Per 15 minutes
Recovery Support, Group	H2014	HQ-HK	\$8.98 Per 15 minutes
Recovery Support, Individual (HIV)	H2014	HV-HK	\$29.66 Per 15 minutes

If you have questions, please contact Don Shearer, Director, Health Care Operations Administration, Department of Health Care Finance (DHCF) on (202) 698-2007.