

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

**Transmittal # 16-25**

**TO:** Primary Care Physicians, Psychiatrists, Obstetricians/Gynecologists, and Advance Practice Registered Nurses

**FROM:** Claudia Schlosberg, J.D.   
Senior Deputy Director and State Medicaid Director

**DATE:** September 16, 2016

**SUBJECT: Medicaid Primary Care Provider Rate Permanent Extension for Qualified Physicians and Advanced Practice Registered Nurses**

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This transmittal is an update to Transmittal 16-11 published on May 24, 2016. The list of HCPCS procedure codes eligible for the primary care enhanced rate has been updated. *See current HCPCS procedure codes on page 2.*

As a follow-up to Transmittal 15-43 published on November 5, 2015, the purpose of this transmittal is to alert primary care providers of a permanent rate increase for primary care services which became effective on January 1, 2016. The enhanced payment applies to both fee-for-service and managed care claims. Qualified primary care service providers receiving payment through another provider, such as a hospital, a clinic, or a federally-qualified health center, are not eligible for the increased payment.

To be eligible, physicians and advanced practice registered nurses (APRNs) must submit an attestation form to DHCF in accordance with the rule. Eligible physicians include physicians who are Board-certified in family medicine, general internal medicine, obstetrics/gynecology, pediatric medicine, or psychiatry.

An APRN is eligible to request the enhanced primary care payment if sixty percent (60%) of his/her Medicaid claims for the prior year were for eligible HCPCS codes.

Attachment A is the Self-Attestation Form. Physicians seeking the enhanced payment must complete sections II, IV, and V. APRNs must complete section II. A primary care services provider who previously submitted a self-attestation form to DHCF and was eligible to receive the enhanced primary care rate in FY 15 need not submit a new form. However, if there is an eligibility change, then the provider has to resubmit a self-attestation form to DHCF.

In order to qualify for the enhanced primary care reimbursement rate, a primary care service provider must first self-attest that he/she is a provider with a specialty designation of family medicine, general internal medicine, obstetrics/gynecology, pediatric medicine, or psychiatry.

In addition, each physician must self-attest that he/she is either Board-certified in an eligible specialty or eligible subspecialty and that sixty percent (60%) of his/her Medicaid claims for the prior year (or for new practitioners, the prior month), were for the eligible Evaluation and Management (E&M) and vaccine administration codes specified under federal rules. An APRN must self-attest that sixty percent (60%) of his/her Medicaid claims for the prior year (or for new practitioners, the prior month) were for the eligible E&M and vaccine administration codes specified under federal rules. Such attestations must be made on the form provided here as Attachment A, which must be signed and submitted to DHCF.

Since approval of the State Plan Amendment (SPA), some of the HCPCS codes have been updated in line with the annual Centers for Medicare and Medicaid Services (CMS) HCPCS level I modification releases.

Eligible HCPCS codes include the following:

Current HCPCS Procedure Codes			
90460	99340	99387	99466
90461	99358	99402	99467
90473	99359	99403	99468
90474	99360	99412	99469
99238	99374	99420	99472
99239	99375	99460	99478
99292	99377	99461	99479
99315	99378	99462	99480
99316	99379	99463	99499
99326	99380	99464	
99339	99386	99465	

**EFFECTIVE DATE OF PAYMENTS:**

Only providers whose self-attestation forms were received by DHCF prior to January 1, 2016 shall be eligible for enhanced payments retroactive to January 1, 2016. Other first time applications received after January 1, 2016 will receive the enhanced rates beginning on the date when their self-attestation form is received by DHCF. An eligible primary care service provider must submit the self-attestation form to DHCF to qualify.

Additional information about this program is available at [www.dhcf.dc.gov](http://www.dhcf.dc.gov) or by calling Provider Services at (202) 698-2000. If you have questions regarding this transmittal, please contact Amy Xing, Reimbursement Analyst, at (202) 481-3375, or email to [Amy.Xing2@dc.gov](mailto:Amy.Xing2@dc.gov).

The complete fee schedule is available online at [www.dc-medicaid.com/dcwebportal/providerSpecificInformation/providerInformation](http://www.dc-medicaid.com/dcwebportal/providerSpecificInformation/providerInformation).

*See Attachments*