


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



Office of the Senior Deputy Director/Medicaid Director

**Transmittal # 18-18**

**TO:** The District of Columbia Office of State Superintendent of Education

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

**DATE:** April 25, 2018

**SUBJECT:** **Modification for Procedure Pricing Information in Transmittal # 18-10**

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The purpose of this transmittal is to inform the District of Columbia (DC) Office of State Superintendent of Education (OSSE) that pricing information for some procedure codes used for Early Intervention (EI) services billed by OSSE as specified in DHCF transmittal # 18-10 has been changed. Procedure code T1024 with modifier codes TL and HT was inadvertently omitted in DHCF transmittal # 18-10 and has been added. The rate for procedure code H0004 with modifier code TL has been adjusted to use unit of per 15 minutes. In DHCF transmittal # 18-10 the rate for H0004 TL was based on a unit of 50 minutes. Maximum daily units for some services have been changed. The table below lists all the procedure code and modifier combinations that have been changed.

The Medicaid Fee Schedule implemented by DHCF can be found on the website at <https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload>.

If you have questions regarding update outline in this transmittal, please contact Amy Xing, Reimbursement Analyst, Office of Rates, Reimbursement and Financial Analysis (ORRFA), Department of Health Care Finance (DHCF), at [amy.xing2@dc.gov](mailto:amy.xing2@dc.gov), or via telephone at (202) 481-3375 or Emilie Monroe, Management Analyst, Department of Health Care Finance, at [emilie.monroe1@dc.gov](mailto:emilie.monroe1@dc.gov) or via telephone at (202) 442-8967.

cc: Medical Society of the District of Columbia  
DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Care Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers

**Modified procedure code, modifiers, rate, and maximum units for Early Intervention services**

Service Description	Code and Modifier Combinations	Rate	Max Units
Service Planning Assessments	T1023, TL, GN T1023, TL, GO T1023, TL, GP T1023, TL, U1	\$ 37.50	12 units per day, 15 mins per unit
Service Planning Assessments	T1023, TL, U2	\$ 28.50	12 units per day, 15 mins per unit
Developmental Therapy, Individual Applied Behavioral Analysis Method	0369T, TL	\$ 62.50	7 units max per day, 30 mins per unit
Developmental Therapy, Individual Applied Behavioral Analysis Method	0365T, TL	\$ 55.00	7 units max per day, 30 mins per unit
Developmental Therapy, Group Applied Behavioral Analysis Method	0367T, TL	\$ 36.86	7 units max per day, 30 mins per unit
Social Work Services	H0004, TL	\$ 21.32	8 units per day, 15 mins per unit
Team Treatment Activities - More than one professional providing services during the same session for an individual or family	T1024, TL, HT, U1 T1024, TL, HT	\$ 37.50 \$ 27.50	8 units per day, 15 mins per unit

**Modifier description**

Specialty/Reason for Use	Modifier	Descriptor
To differentiate code as specific to Early Intervention	TL	Early Intervention/Individualized Family Service Plan (IFSP)
To indicate speech and language specialty	GN	Services delivered under an outpatient speech language pathology plan of care

To indicate occupational therapy specialty	GO	Services delivered under an outpatient occupational therapy plan of care
To indicate physical therapy specialty	GP	Services delivered under an outpatient physical therapy plan of care
To indicate service was performed by a team	HT	Multi-disciplinary team
DC Medicaid specific, indicates a fully licensed provider performed the service	U1	A provider that is fully licensed or other certification that meets or exceeds these requirements
To indicate a group setting	HQ	Group Setting
DC Medicaid Specific, indicates an assistant performed the service	U2	Medicaid level of care 2, as defined by each state