


GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 18-10

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

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

DATE: February 26, 2018

SUBJECT: **Medicaid Fee Schedule Updates for the District of Columbia Office of State Superintendent of Education Early Intervention Services**

The purpose of this transmittal is to inform the District of Columbia (DC) Office of State Superintendent of Education (OSSE) that effective February 5, 2018 the procedure codes and modifiers governing Early Intervention (EI) services billed by OSSE will be changed. In addition, this transmittal makes a correction on missing modifier TL and maximum units for procedure codes 97350, 0364T, 0365T, 0366T, 0367T, 0368T, and 0369T that were inadvertently left off in the Public Notice published in the DC Register on January 5, 2018 due to a clerical error.

In accordance with the Medicaid reimbursement requirements for early intervention (EI) services set forth in Section 7114 of Chapter 71 of Title 29 of the District of Columbia Municipal Regulations, published on October 20, 2017 (64 DCR 010597), the Department of Health Care Finance (DHCF) has made changes to the procedure codes and modifiers governing EI services billed by OSSE. EI services are specialized habilitative and rehabilitative services designed to promote the optimal development of infants and toddlers, aged birth to three (3), who have a delay in one or more areas of development. EI services are required under Part C of the Individuals with Disabilities Education Act (IDEA), approved April 13, 1970 (84 Stat.175; 20 U.S.C. § 1400 *et seq.*). The changes set forth below will become effective on February 5, 2018.

DHCF has updated the fee schedule to reflect procedure codes and modifiers that are compliant with the 2017 Current Procedural Terminology (CPT), administered by the American Medical Association and the Healthcare Common Procedure Coding System (HCPCS) administered by the Centers for Medicare and Medicaid Services (CMS). The table below provides the updated procedure code, modifier, rate, and maximum units allowed:

Medicaid procedure codes, modifier, rate, and maximum units for Early Intervention services

Service Description	Code and Modifier Combinations	Rate	Max Units
Assistive Technology Services	DME Fee Schedule	DME Fee Schedule	DME Fee Schedule
Service Planning Assessments	T1023, TL, GN T1023, TL, GO T1023, TL, GP	\$ 37.50	8 units per day, 15 mins per unit
Service Planning Assessments	T1023, TL, U2	\$ 28.50	8 units per day, 15 mins per unit
Developmental Therapy, Individual	T1027, TL	\$ 27.50	8 units per day, 15 mins per unit
Developmental Therapy, Individual Applied Behavioral Analysis Method	0368T, TL 0369T, TL	\$ 62.50	0368T, TL: 1 unit max per day, 30 mins per unit 0369T, TL: 3 units max per day, 30 mins per unit
Developmental Therapy, Individual Applied Behavioral Analysis Method	0364T, TL 0365T, TL	\$ 55.00	0364T, TL: 1 unit max per day, 30 mins per unit 0365T, TL: 3 units max per day, 30 mins per unit
Developmental Therapy, Group Applied Behavioral Analysis Method	0366T, TL 0367T, TL	\$ 36.86	0366T, TL: 1 unit max per day, 30 mins per unit 0367T, TL: 3 units max per day, 30 mins per unit
Group Therapy, 2 or more children	T1027, TL, HQ	\$ 18.43	8 units per day, 15 mins per unit
Nursing Services, Individual	T1001, TL T1002, TL	\$ 37.50	8 units per day, 15 mins per unit
Nursing Services, Group	T1002, TL, HQ	\$ 25.13	8 units per day, 15 mins per unit
Nutrition Services, Initial	97802, TL	\$ 30.41	8 units per day, 15 mins per unit
Nutrition Services, Subsequent	97803, TL	\$ 26.49	8 units per day, 15 mins per unit
Nutrition Services, Group	97804, TL	\$ 26.64	4 units per day, 30 mins per unit
Occupational Therapy, Individual	97530, TL, GO	\$ 37.50	8 units per day, 15 mins per unit

Service Description	Code and Modifier Combinations	Rate	Max Units
Occupational Therapy, Group	97150, TL, GO	\$ 25.13	8 units per day, 15 mins per unit
Social Work Services	H0004, TL	\$ 71.06	8 units per day, 15 mins per unit
Psychological Services	90791, TL	\$ 146.76	1 unit per day
Psychological Services	90832, TL	\$ 54.06	1 unit per day
Psychological Services	90834, TL	\$ 70.94	1 unit per day
Psychological Services	90837, TL	\$ 103.32	1 unit per day
Psychological Services	96111, TL	\$ 108.22	1 unit per day
Physical Therapy, Individual	97110, TL, GP	\$ 37.50	8 units per day, 15 mins per unit
Physical Therapy, Group	97110, TL, HQ, GP	\$ 25.13	8 units per day, 15 mins per unit
Speech-Language Pathology, Individual	92507, TL, GN	\$ 37.50	8 units per day, 15 mins per unit
Speech-Language Pathology, Individual, Assistant	92507, TL, GN, U2	\$ 25.13	8 units per day, 15 mins per unit
Speech-Language Pathology, Group	92508, TL, GN	\$ 25.13	8 units per day, 15 mins per unit
Team Treatment Activities - More than one professional providing services during same session for an individual or family	T1024, TL, HT, GO T1024, TL, HT, GP T1024, TL, HT, GN	\$ 37.50	8 units per day, 15 mins per unit
Vision Services, Orientation	V2799, TL	\$ 37.50	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

Specialty/Reason for Use	Modifier	Descriptor
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
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

The Medicaid Fee Schedule is located on the DHCF website at <https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload>.

If you have questions regarding this fee schedule update, 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, or via telephone at (202) 481-3375 or Emilie Monroe, Management Analyst, Department of Health Care Finance, at 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