

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



**Office of the Deputy Director/
Medicaid Director**

Transmittal # 20-36 (Rev.)

TO: All DC Adult Substance Abuse Rehabilitation Services Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director

DATE: January 8, 2021

SUBJECT: REVISED Temporary Enhanced Reimbursement Rates for Adult Substance Abuse Rehabilitation Services (ASARS) Due to COVID-19

This transmittal revises transmittal # 20-36 published on October 13, 2020. The billing instructions and the billing code tables have been revised.

Purpose

The purpose of this transmittal is to notify Adult Substance Abuse Rehabilitation Services (ASARS) providers of changes to the reimbursement rates for state plan ASARS during the pendency of the federal Public Health Emergency (PHE) period.¹ The State Plan ASARS reimbursement rate changes are temporary and effective for dates of services beginning March 1, 2020 and sunseting at the end of the federal Public Health Emergency. In addition, the rate changes are only available for ASARS services provided on a fee-for-service basis and do not apply to services provided under the Section 1115 Behavioral Health Transformation waiver.

DHCF submitted a Medicaid Disaster Relief State Plan Amendment to the Centers of Medicare and Medicaid Services (CMS) (DC SPA #20-007). Under Disaster Relief State Plan authority, state Medicaid agencies may seek to implement approved policies and procedures which are different from the policies and procedures that otherwise apply under the Medicaid State Plan during the period of Presidential and Secretarial emergency declarations related to COVID-19 outbreak (or any renewals thereof), or for any shorter period.² Note that services provided by an institution for mental disease (IMD) are not eligible for the enhanced rate as IMD covered services are not included in the Medicaid State Plan authority.

On October 6, 2020, DHCF received CMS approval of DC SPA #20-007, which permits DHCF to increase the reimbursement to ASARS providers to support additional costs related to delivery

¹ The Public Health Emergency period, for purposes of the information contained in this Transmittal, is from March 1, 2020, through the termination of the PHE, as determined by the Secretary of the U.S. Department of Health and Human Services, including any extensions.

² On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services.

of services during the COVID-19 public health emergency, effective March 1, 2020. To implement this new authority, DHCF is issuing this transmittal including the table below to provide notice of the service type, unique procedure billing codes with modifiers and the twenty percent (20%) temporary enhanced rates that will be applied to services that are provided for Medicaid beneficiaries, beginning March 1, 2020. The unique billing codes and temporary enhanced rates are also located on the DHCF website at:

<https://www.dc-medicaid.com/dwebportal/nonsecure/feeScheduleDownload>.

Billing Instructions

In order to receive payments as outlined in the table below, ASARS providers must use the correct rate and unique procedure code and modifiers for services provided. **Providers do not need to use the “CR” modifier to receive the temporary enhanced rate.** ~~It is important to note the additional two-character modifier “CR”, which creates a unique billing code combination for the temporary enhanced rates.~~ **For services delivered via telemedicine in accordance with Section 910 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations and applicable transmittals (Transmittal # 20-42; 20-08), the provider must use the “GT” modifier. The services which cannot be delivered via telemedicine are listed as “Not Allowed” in the table below.**

Claims for Services Provided Since March 1, 2020

To receive payments for the temporary enhanced rates, providers will need to do the following:

1. If a claim has already been submitted for services provided since March 1, 2020, “adjust” the claim, and resubmit using ~~the unique enhanced procedure code, modifiers and~~ rates from the applicable table below.
2. If a claim has not been submitted for services provided since March 1, 2020, bill using the unique enhanced procedure code, modifiers and rates from the applicable table below.

ASARS Service Type	Procedure Code	Modifier	Telemedicine Modifier	Temporary Enhanced Rate Per Unit
Breathalyzer Collection	H0048		Not Allowed	\$10.56
Urinalysis Collection	H0048	LR	Not Allowed	\$10.56
Clinical Care Coordination	T1017	HF	HF GT	\$31.70
Counseling, Group	H0005		GT	\$8.65
Counseling, Group, Psycho-educational	H2027	HQ	HQ GT	\$7.28
Counseling, Group, Psycho-educational (HIV)	H2027	HQ HF	HQ HF GT	\$7.28
Counseling, Individual, On-site, Behavioral Health Therapy	H0004	HF	HF GT	\$34.57
Counseling, Individual, Off-site	H0004	HF TN	Not Allowed	\$35.32
Counseling, Family with Client	H0004	HF HR	HF HR GT	\$34.57
Counseling, Family without Client	H0004	HF HS	HF HS GT	\$34.57
Crisis Intervention	H0007	HF	HF GT	\$44.32
Short-term Medically Managed Intensive Withdrawal Management	H0010	U1	Not Allowed	\$596.38

Behavioral Health Assessment, on-going, Risk Rating	H0002	TG	TG GT	\$180.92
Diagnostic Assessment, Comprehensive, Adult	H0001		GT	\$311.14
Behavioral Health Screening, Initial, Determine eligibility	H0002	HF	HF GT	\$103.72
Medication Assisted Treatment, Methadone, Clinic or Take Home	H0020		Not Allowed	\$10.30
Medication Assisted Therapy, Administration	H0020	HF	Not Allowed	\$10.30
Medication Management, Adult	H0016		GT	\$60.31

Table below is applicable for ASARS for beneficiaries who are deaf or hard-of-hearing and provided by a provider certified to provide services to beneficiaries who are deaf or hard-of-hearing.

ASARS Service Type	Procedure Code	Modifier	Telemedicine Modifier	Temporary Enhanced Rate
Breathalyzer Collection	H0048	HK	Not Allowed	\$14.26
Urinalysis Collection	H0048	HK LR	Not Allowed	\$14.26
Clinical Care Coordination	T1017	HK HF	HK HF GT	\$35.59
Counseling, Group	H0005	HK	HK GT	\$12.96
Counseling, Group, Psycho-educational	H2027	HK HQ	HK HQ GT	\$10.76
Counseling, Group, Psycho-educational (HIV)	H2027	HK HQ HF	HK HQ HF GT	\$10.76
Counseling, Individual, On-site, Behavioral Health Therapy	H0004	HK HF	HK HF GT	\$42.82
Counseling, Individual, Off-site	H0004	HK HF TN	Not Allowed	\$44.47
Counseling, Family with Client	H0004	HK HF HR	HK HF HR GT	\$42.82
Counseling, Family without Client	H0004	HK HF HS	HK HF HS GT	\$42.82
Crisis Intervention	H0007	HK HF	HK HF GT	\$59.82
Short-term Medically Managed Intensive Withdrawal Management	H0010	HK	Not Allowed	\$862.00
Behavioral Health Assessment, on-going, Risk Rating	H0002	HK TG	HK TG GT	\$226.80
Diagnostic Assessment, Comprehensive, Adult	H0001	HK	HK GT	\$414.76
Behavioral Health Screening, Initial, Determine eligibility	H0002	HK HF	HK HF GT	\$138.25
Medication Assisted Treatment, Methadone, Clinic or Take Home	H0020	HK	Not Allowed	\$10.30
Medication Assisted Therapy, Administration	H0020	HK HF	Not Allowed	\$13.90
Medication Management, Adult	H0016	HK	HK GT	\$72.34

Please note that it is the responsibility of each provider to use the correct procedure codes and modifiers in order to ensure payment at temporarily increased reimbursement rates.

Contact

DHCF will continue to provide updates to this information as appropriate. If you have questions, please contact Bidemi Isiaq, Associate Director, Office of Rates Reimbursements & Financial Analysis, DHCF at Bidemi.Isiaq@dc.gov or 202-442-9202.

Cc: DC Behavioral Health Association
DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Coalition of Disability Service Providers
Medical Society of DC