

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 22-17

TO: All DC Medicaid Skilled Nursing Service Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director

DATE: April 22, 2022

SUBJECT: Skilled Nursing Rate Changes Effective October 1, 2021

Purpose

The purpose of this Transmittal is to inform all DC Medicaid Skilled Nursing Service Providers that effective with dates of service beginning October 1, 2021, the Department of Health Care Finance (DHCF) will make changes to the skilled nursing service rates. Skilled nursing service reimbursement rates are updated in accordance with authority provided in the District of Columbia Medicaid State Plan at Attachment 4.19B, Part I, pages 4-4e, 29 DCMR §4200 *et seq.*, and 29 DCMR 9000 *et seq.* Providers who have submitted claims using the superseded rate schedule can resubmit the claims as adjustments using the new fee schedule for reprocessing.

The table below provides a listing of both the billing codes and new rates for skilled nursing services. The temporarily enhanced reimbursement rates, except for those services provided by DD Waiver and IFS waiver services, are also included in this transmittal. Enhanced rates for DD Waiver & IFS waiver services are published separately by a transmittal issued by the DC Department on Disability Services (DDS). The Medicaid Fee Schedule for the skilled nursing services is located on the DHCF website at

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

Code	Service Description	Description	Reimbursement Rate
G0299	Skilled Nursing (RN) Visit	Skilled Nursing (RN) Visit, each 15 minutes	\$16.46
G0299 U1	Skilled Nursing Initial Assessment	One time	\$131.69
G0299 U2	Skilled Nursing Reassessment	One time	\$131.69
G0299 U3	Skilled Nursing Supervisory Visit PCA by RN	One time	\$131.69
G0299 U5	HHA Supervisory Visit	Home Health Aide (HHA) supervisory visit	\$131.69

Code	Service Description	Description	Reimbursement Rate
G0299 GT TD	PCA Supervisory Visit by RN	PCA Supervisory Visit by RN	\$131.69
G0299 TD	PCA Supervisory Visit by RN	PCA Supervisory visit by RN	\$131.69
G0300	Skilled Nursing (LPN) Visit	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	\$13.72
G0300 GT TE	PCA Supervisory Visit by LPN	PCA Supervisory Visit by LPN	\$131.69
G0300 TE	PCA Supervisory Visit by LPN	PCA Supervisory Visit by LPN	\$131.69
T1000-TD	Private Duty RN Visit	Private duty independent nursing services – licensed, up to 15 minutes	\$16.46
T1000-TE	Private Duty LPN Visit	Private duty independent nursing services – licensed, up to 15 minutes	\$13.72
T1001 U1	Private Duty Initial Assessment	Private duty initial assessment visit	\$131.69
T1001 U2	Private Duty Reassessment	Private duty reassessment visit	\$131.69
T1001 U3	Private Duty Supervisory Visit by RN	Private duty supervisory visit by RN	\$131.69

The regular rates for Skilled Nursing Services for DD Waiver and IFS Waiver Services are also updated as follows:

Code	Service Description	Description	Reimbursement Rate
G0299 U4	Skilled Nursing (RN) Visit	Direct skilled nursing services of a registered nurse (RN) IDD Waiver, each 15 minutes	\$16.46
T1001 U4	Skilled Nursing Initial Assessment	One assessment (IDD Waiver)	\$131.69
T1002 U4	Extended Skilled Nursing (RN) Services	Extended direct skilled nursing services of a registered nurse (RN) (IDD Waiver), each 15 minutes	\$16.46
T1003 U4	Extended Nursing LPN Services (1:1)	Extended direct skilled nursing services of a license practical nurse (LPN) (IDD Waiver) each 15 minutes	\$13.72

Enhanced Billing & Reimbursement rates

Service Description	Procedure Code	Overtime Modifier	Overtime Rate	Quarantine Modifier	Quarantine Rate	Quarantine Overtime Modifier	Quarantine Overtime Rate
Skilled Nursing (RN) Visit	G0299	TD CR	\$98.76 per hour, \$24.69 per 15 minutes	TD CR	\$98.76 per hour, \$24.69 per 15 minutes	CR U1	\$148.16 per hour; \$37.04 per 15 minutes
Skilled Nursing (LPN) Visit	G0300	TE CR	\$82.32 per hour, \$20.58 per 15 minutes	TE CR	\$82.32 per hour, \$20.58 per 15 minutes	CR-U1	\$123.48 per hour, \$30.87 per 15 minutes
Private Duty (RN) Visit	T1000	TD CR	\$98.76 per hour, \$24.69 per 15 minutes	TD CR	\$98.76 per hour, \$24.69 per 15 minutes	TD CR U1	\$148.16 per hour, \$37.04 per 15 minutes
Private Duty (LPN) Visit	T1000	TE CR	\$82.32 per hour, \$20.58 per 15 minutes	TE CR	\$82.32 per hour, \$20.58 per 15 minutes	TE CR U1	\$123.48 per hour, \$30.87 per 15 minutes

Contact

DHCF will continue to provide updates to this information as appropriate. If you have questions, please contact Andrea Clark, Reimbursement Analyst, Office of Rates & Reimbursements, at Andrea.Clark@dc.gov or 202-724-4096.

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