

DEPARTMENT OF HEALTH CARE FINANCE

PUBLIC NOTICE

MEDICAID FEE SCHEDULE UPDATES FOR DURABLE MEDICAL EQUIPMENT

The Department of Health Care Finance (DHCF), pursuant to the requirements set forth in Section 988 of Chapter 9 Title 29 of the District of Columbia Municipal Regulations, published on October 2, 2015 (62 DCR 13060), announces changes to the Medicaid reimbursement rates governing Durable Medical Equipment (DME) services billed by professional providers. Professional providers are health care providers who submit claims for reimbursement to DC Medicaid on a CMS-1500 claim form. The changes set forth below will become effective on December 1, 2015.

Under the District of Columbia's State Plan for Medical Assistance, DME services are reimbursed at eighty percent (80%) of the Medicare rate as established by the federal Centers for Medicare and Medicaid Services. As a result, DHCF is updating the DME fee schedule as follows:

Description of Changes	Count of Fee Schedule Records Impacted by Change
Pricing update	1,525
Change coverage to purchase only, no rental	169
Change coverage to rental only, no purchase	3
Change prior authorization requirement from No to Yes	80
Change prior authorization requirement from Yes to No	60
Update maximum units that are allowable	475
Limit procedure by place-of-service code	643
Add utilization review edits that limit quantities by month or year	20
Discontinue certain procedure code and modifier combinations	148
Total Number of Unique Fee Schedule Records to be Changed	1,996
<i>Note:</i>	
Count of changes does not sum because some fee schedule records have multiple changes	

Detailed changes to the fee schedule can be found online at: <https://www.dc-medicaid.com/dcwebportal/providerSpecificInformation/providerInformation>. For further information or questions regarding this fee schedule update, please contact Amy Xing, Reimbursement Analyst, Department of Health Care Finance, at amy.xing2@dc.gov, or via telephone at (202) 481-3375.