

Community Well and Nursing Facility Members (not approved for EPD waiver services)

| CODE  | PROCEDURE SHORT DESCRIPTION           | MOD1 | MOD2 | MOD3 | MOD4 | Effective date | date of Service | MAX UNITS | Frequency | Hours (Conversion) | Benefit                        | Form type | Auth                          | Auth Setup                              | Evx Codes | is Of Medicaid Serv | Additional Information |   |
|-------|---------------------------------------|------|------|------|------|----------------|-----------------|-----------|-----------|--------------------|--------------------------------|-----------|-------------------------------|---|-----------|---------------------|------------------------|---|
| G0299 | PCA SUPERVISORY VISIT BY RN           | TD   |      |      |      | 2/1/2022       |                 | 1         | Per Day   |                    | PCA                            | CMS-1500  | No                            |   | No        | No                  | State Plan             |   |
| G0300 | PCA SUPERVISORY VISIT BY LPN          | TE   |      |      |      | 2/1/2022       | 9/30/2025       | 1         | Per Day   |                    | PCA                            | CMS-1500  | No                            |   | No        | No                  | State Plan             |   |
|       |                                       | CR   | U1   |      |      | 2/1/2022       | 11/11/2023      |           |           |                    | ADHP (Remote wellness check)   |           | Yes- under standard Modifiers |   | No        | No                  | State Plan             | Remote Wellness Checklist should be loaded to DCCC<br><br>ADHP services may be delivered remotely, by HIPAA-compliant telephonic or web-based means or by contact-free drop-off, to accommodate symptomatic beneficiaries or family members, in accordance with beneficiary preferences, to prevent congregate service delivery, to support remote assessment by DHCF's assessment vendor Liberty Healthcare, or to prevent asymptomatic transmission of infection. For purposes of this guidance, these are described as "remote ADHP services."<br><br>Wellness checks performed according to an established script or checklist, conducted by phone or another secure, HIPAA-compliant teleconferencing medium and documented according to the script or checklist. A qualifying wellness check includes, but is not limited to, inquiries/reminders on the following:<br>• Overall health status, including emotional well-being, need for care, and any signs or symptoms of illness<br>• Meals, routines, and medication adherence<br>• Social isolation and self-quarantine, including the availability/use of informal supports and access to groceries or emergency supplies |
| 55100 | DAY CARE SERVICE ADULT - LVL 1        |      |      |      |      |                |                 | 1         | Per day   |                    |                                | CMS-1500  |                               |   |           |                     |                        |   |
|       |                                       | CR   | U2   |      |      | 2/1/2022       | 11/11/2023      | 5         | Per week  |                    | ADHP (Remote wellness check)   |           | Yes- under standard Modifiers |   | No        | No                  | State Plan             | ADHP services may be delivered remotely, by HIPAA-compliant telephonic or web-based means or by contact-free drop-off, to accommodate symptomatic beneficiaries or family members, in accordance with beneficiary preferences, to prevent congregate service delivery, to support remote assessment by DHCF's assessment vendor Liberty Healthcare, or to prevent asymptomatic transmission of infection. For purposes of this guidance, these are described as "remote ADHP services."<br><br>Wellness checks performed according to an established script or checklist, conducted by phone or another secure, HIPAA-compliant teleconferencing medium and documented according to the script or checklist. A qualifying wellness check includes, but is not limited to, inquiries/reminders on the following:<br>• Overall health status, including emotional well-being, need for care, and any signs or symptoms of illness<br>• Meals, routines, and medication adherence<br>• Social isolation and self-quarantine, including the availability/use of informal supports and access to groceries or emergency supplies   |
| 55100 | DAY CARE SERVICE ADULT - LVL 1        | U1   |      |      |      | 2/1/2022       |                 |           |           |                    | ADHP (4 or 5 on assessment)    | CMS-1500  | Yes                           | Initiated by Case Manager during Person | No        | No                  | State Plan             | Require a level 4 or 5 on the assessment  |
| 55100 | DAY CARE SERVICE ADULT - LVL 2        | U2   |      |      |      | 2/1/2022       |                 |           |           |                    | ADHP (Level 6 on assessment)   | CMS-1500  | Yes                           | Initiated by Case Manager during Person | No        | No                  | State Plan             | Require a level 6 on the assessment   |
| 55160 | EMER RESPONSE SYS INSTAL TST          |      |      |      |      | 2/1/2022       |                 | 1         | per year  |                    | PERS                           | CMS-1500  | Yes                           | Initiated by Case Manager during Person | No        | No                  | State Plan             |   |
| 55161 | EMER RSPNS SYS SERV PERMONTH          |      |      |      |      | 2/1/2022       |                 | 1         | per month |                    | PERS                           | CMS-1500  | Yes                           | Initiated by Case Manager during Person | No        | No                  | State Plan             |   |
|       |                                       | CR   | TD   |      |      | 2/1/2022       | 11/11/2023      |           |           |                    | PDN (Overtime or Quarantined)  |           | Yes- under standard Modifiers |   | Yes       | No                  | State Plan             | <b>Overtime:</b><br>* may be paid to aides or nurses (LPN or RN) who work in excess of 40 hours per week for the same agency and same payor.<br>* should only be billed if the overtime is due to the aid/worker working over 40 hours for same agency and only UnitedHealthcare enrollees. District is working on guidance if the overtime is due to multiple payors enrollees.<br>* should not be billed more than 30 days at a time.<br><br><b>Quarantine:</b><br>* Quarantine may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.<br>* should not be billed for more than 14 days to follow District requirements.<br><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a>  |
| T1000 | PRIVATE DUTY VISIT RN                 |      |      |      |      |                |                 |           |           |                    |                                | CMS-1500  |                               |   |           |                     |                        |   |
|       |                                       | CR   | TD   | U1   |      | 2/1/2022       | 11/11/2023      |           |           |                    | PDN (Quarantined and Overtime) |           | Yes- under standard Modifiers |   | Yes       | No                  | State Plan             | <b>Quarantine Overtime</b><br>* pay may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.<br>* should not be billed for more than 14 days to follow District requirements.<br><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a>  |
|       |                                       | CR   | TE   |      |      | 2/1/2022       | 11/11/2023      | 96        | Per day   |                    | PDN (Overtime or Quarantined)  |           | Yes- under standard Modifiers |   | Yes       | No                  | State Plan             | <b>Overtime:</b><br>* may be paid to aides or nurses (LPN or RN) who work in excess of 40 hours per week for the same agency and same payor.<br>* should only be billed if the overtime is due to the aid/worker working over 40 hours for same agency and only UnitedHealthcare enrollees. District is working on guidance if the overtime is due to multiple payors enrollees.<br>* should not be billed more than 30 days at a time.<br><br><b>Quarantine:</b><br>* Quarantine may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.<br>* should not be billed for more than 14 days to follow District requirements.<br><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a>  |
| T1000 | PRIVATE DUTY VISIT LPN                |      |      |      |      |                |                 |           |           |                    |                                | CMS-1500  |                               |   |           |                     |                        |   |
|       |                                       | CR   | TE   | U1   |      | 2/1/2022       | 11/11/2023      |           |           |                    | PDN (Quarantined and Overtime) |           | Yes- under standard Modifiers |   | Yes       | No                  | State Plan             | <b>Quarantine Overtime</b><br>* pay may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.<br>* should not be billed for more than 14 days to follow District requirements.<br><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a>  |
| T1000 | PRIVATE DUTY VISIT RN                 | TD   |      |      |      | 2/1/2022       |                 |           |           |                    | PDN                            | CMS-1500  | Yes                           | Initiated by Provider                   | Yes       | No                  | State Plan             |   |
| T1000 | PRIVATE DUTY VISIT LPN                | TE   |      |      |      | 2/1/2022       |                 |           |           |                    | PDN                            | CMS-1500  | Yes                           | Initiated by Provider                   | Yes       | No                  | State Plan             |   |
| T1001 | PRIVATE DUTY INITIAL ASSESSMENT VISIT | U1   |      |      |      | 2/1/2022       |                 | 1         | Per day   |                    | PDN                            | CMS-1500  | Yes                           | Initiated by Provider                   | No        | No                  | State Plan             |   |
| T1001 | PRIVATE DUTY REASSESSMENT VISIT       | U2   |      |      |      | 2/1/2022       |                 | 1         | Per day   |                    | PDN                            | CMS-1500  | Yes                           | Initiated by Provider                   | No        | No                  | State Plan             |   |
| T1001 | PRIVATE DUTY SUPERVISORY VISIT BY RN  | U3   |      |      |      | 2/1/2022       |                 | 1         | Per day   |                    | PDN                            | CMS-1500  | Yes                           | Initiated by Provider                   | No        | No                  | State Plan             |   |
| T1004 | HOME HEALTHAIDE (HHA)                 |      |      |      |      | 2/1/2022       |                 |           |           |                    | PDN                            | CMS-1500  | Yes                           | Initiated by Provider                   | Yes       | No                  | State Plan             |   |
|       |                                       | CR   | U1   |      |      | 2/1/2022       | 11/11/2023      | 96        | Per day   |                    | PDN (Quarantined)              |           | Yes- under standard Modifiers |   | Yes       | No                  | State Plan             | <b>Quarantine:</b><br>* Quarantine may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.<br>* should not be billed for more than 14 days to follow District requirements.<br><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a>   |
| T1004 | HOME HEALTHAIDE (HHA)                 |      |      |      |      |                |                 |           |           |                    |                                | CMS-1500  |                               |   |           |                     |                        |   |

|       |                              |    |    |  |          |            |    |           |                               |                                 |          |   |   |            |                    |  |
|-------|------------------------------|----|----|--|----------|------------|----|-----------|-------------------------------|---------------------------------|----------|---|---|------------|--------------------|--|
| T1019 | PERSONAL CARE SER PER 15 MIN | CR |    |  | 2/1/2022 | 11/11/2023 | 32 | Per day   | 8 hours                       | PCA ( overtime)                 | CMS-1500 | Yes- under standard Modifiers           |   | Yes        | for non EPD waiver | <b>Overtime:</b><br>* may be paid to aides or nurses (LPN or RN) who work in excess of 40 hours per week for the same agency and same payor.<br>* should only be billed if the overtime is due to the aid/worker working over 40 hours for same agency and only UnitedHealthcare enrollees.<br>District is working on guidance if the overtime is due to multiple payors enrollees.<br>* should not be billed more than 30 days at a time.   |
| T1019 | PERSONAL CARE SER PER 15 MIN | CR | U1 |  | 2/1/2022 | 11/11/2023 |    |           |                               | PCA (Quarantined)               | CMS-1500 | Yes- under standard Modifiers           |   | Yes        | State Plan         | <b>Quarantine:</b><br>* Quarantine may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.<br>* should not be billed for more than 14 days to follow District requirements.<br><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a>  |
| T1019 | PERSONAL CARE SER PER 15 MIN | CR | U2 |  | 2/1/2022 | 11/11/2023 |    |           |                               | PCA ( Quarantined and Overtime) | CMS-1500 | Yes- under standard Modifiers           |   | Yes        | State Plan         | <b>Quarantine Overtime</b><br>* pay may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.<br>* should not be billed for more than 14 days to follow District requirements.<br><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a> |
| T1019 | PERSONAL CARE SER PER 15 MIN | NP |    |  | 2/1/2022 |            |    |           |                               | PCA                             | CMS-1500 | Yes                                     | Initiated by Case Manager during Person | Yes        | State Plan         |  |
| T1505 | MMD-INSTALLATION             | U1 |    |  | 2/1/2022 |            | 1  | per year  | medication management devices | CMS-1500                        | Yes      | Initiated by Case Manager during Person | No                                      | State Plan |                    |  |
| T1505 | MMD-SERVICES                 | U2 |    |  | 2/1/2022 |            | 1  | per month | medication management devices | CMS-1500                        | Yes      | Initiated by Case Manager during Person | No                                      | State Plan |                    |  |

EPD Waiver Members and Nursing Facility Members (approved for EPD waiver)

| CODE  | PROCEDURE SHORT DESCRIPTION           | OCEDURE LONG DESCRIPTION  | MOD1 | MOD2 | MOD3 | MOD4 | Effective date | End Date of Services | MAX UNITS |         | Benefit                        | Auth                          | Auth Setup            | Evv Codes | Type Of Medicaid Service | Additional Information  |
|-------|---------------------------------------|---------------------------|------|------|------|------|----------------|----------------------|-----------|---------|--------------------------------|-------------------------------|-----------------------|-----------|--------------------------|---|
| T1000 | PRIVATE DUTY VISIT RN                 | PRIVATE DUTY VISIT RN     | CR   | TD   |      |      | 2/1/2022       | 11/11/2023           |           |         | PDN (Overtime or Quarantined)  | Yes- under standard Modifiers |                       | Yes       | State Plan               | <p><b>Overtime:</b></p> <ul style="list-style-type: none"> <li>* may be paid to aides or nurses (LPN or RN) who work in excess of 40 hours per week for the same agency and same payor.</li> <li>* should only be billed if the overtime is due to the aid/worker working over 40 hours for same agency and only UnitedHealthcare enrollees. District is working on guidance if the overtime is due to multiple payors enrollees.</li> <li>* should not be billed more than 30 days at a time.</li> </ul> <p><b>Quarantine:</b></p> <ul style="list-style-type: none"> <li>* Quarantine may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.</li> <li>* should not be billed for more than 14 days to follow District requirements.</li> </ul> <p><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a></p> |
| T1000 | PRIVATE DUTY VISIT RN                 | PRIVATE DUTY VISIT RN     | CR   | TD   | U1   |      | 2/1/2022       | 11/11/2023           |           |         | PDN (Quarantined and Overtime) | Yes- under standard Modifiers |                       | Yes       | State Plan               | <p><b>Quarantine Overtime</b></p> <ul style="list-style-type: none"> <li>* pay may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.</li> <li>* should not be billed for more than 14 days to follow District requirements.</li> </ul> <p><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a></p>  |
| T1000 | PRIVATE DUTY VISIT LPN                | PRIVATE DUTY VISIT LPN    | CR   | TE   |      |      | 2/1/2022       | 11/11/2023           | 96        | Per day | PDN (Overtime or Quarantined)  | Yes- under standard Modifiers |                       | Yes       | State Plan               | <p><b>Overtime:</b></p> <ul style="list-style-type: none"> <li>* may be paid to aides or nurses (LPN or RN) who work in excess of 40 hours per week for the same agency and same payor.</li> <li>* should only be billed if the overtime is due to the aid/worker working over 40 hours for same agency and only UnitedHealthcare enrollees. District is working on guidance if the overtime is due to multiple payors enrollees.</li> <li>* should not be billed more than 30 days at a time.</li> </ul> <p><b>Quarantine:</b></p> <ul style="list-style-type: none"> <li>* Quarantine may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.</li> <li>* should not be billed for more than 14 days to follow District requirements.</li> </ul> <p><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a></p> |
| T1000 | PRIVATE DUTY VISIT LPN                | PRIVATE DUTY VISIT LPN    | CR   | TE   | U1   |      | 2/1/2022       | 11/11/2023           |           |         | PDN (Quarantined and Overtime) | Yes- under standard Modifiers |                       | Yes       | State Plan               | <p><b>Quarantine Overtime</b></p> <ul style="list-style-type: none"> <li>* pay may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.</li> <li>* should not be billed for more than 14 days to follow District requirements.</li> </ul> <p><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a></p>  |
| T1000 | PRIVATE DUTY VISIT RN                 | PRIVATE DUTY VISIT RN     | TD   |      |      |      | 2/1/2022       |                      |           |         | PDN                            | Yes                           | Initiated by Provider | Yes       | State Plan               |   |
| T1000 | PRIVATE DUTY VISIT LPN                | PRIVATE DUTY VISIT LPN    | TE   |      |      |      | 2/1/2022       |                      |           |         | PDN                            | Yes                           | Initiated by Provider | Yes       | State Plan               |   |
| T1001 | PRIVATE DUTY INITIAL ASSESSMENT VISIT | PRIVATE DUTY INITIAL ASSE | U1   |      |      |      | 2/1/2022       |                      | 1         | Per day | PDN                            | Yes                           | Initiated by Provider | No        | State Plan               |   |
| T1001 | PRIVATE DUTY REASSESSMENT VISIT       | PRIVATE DUTY REASSESSME   | U2   |      |      |      | 2/1/2022       |                      | 1         | Per day | PDN                            | Yes                           | Initiated by Provider | No        | State Plan               |   |
| T1001 | PRIVATE DUTY SUPERVISORY VISIT BY RN  | PRIVATE DUTY SUPERVISOR   | U3   |      |      |      | 2/1/2022       |                      | 1         | Per day | PDN                            | Yes                           | Initiated by Provider | No        | State Plan               |   |
| T1004 | HOME HEALTH AIDE (HHA)                | HOME HEALTH AIDE (HHA)    |      |      |      |      | 2/1/2022       |                      |           |         | PDN                            | Yes                           | Initiated by Provider | Yes       | State Plan               |   |
| T1004 | HOME HEALTH AIDE (HHA)                | HOME HEALTH AIDE (HHA)    | CR   | U1   |      |      | 2/1/2022       | 11/11/2023           | 96        | Per day | PDN (Quarantined)              | Yes- under standard Modifiers |                       | Yes       | State Plan               | <p><b>Quarantine:</b></p> <ul style="list-style-type: none"> <li>* Quarantine may be paid to aides or nurses delivering hands-on care to COVID-positive and quarantined individuals.</li> <li>* should not be billed for more than 14 days to follow District requirements.</li> </ul> <p><a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_DC_Health_Guidance_for_Contacts_of_a_Person_Confirmed_to_have_COVID-19.pdf</a></p>   |
| G0299 | PCA SUPERVISORY VISIT BY RN           |                           | TD   |      |      |      | 2/1/2022       |                      | 1         | Per Day | PCA                            | No                            |                       | No        | State Plan               |   |
| G0300 | PCA SUPERVISORY VISIT BY LPN          |                           | TE   |      |      |      | 2/1/2022       | 9/30/2025            | 1         | Per Day | PCA                            | No                            |                       | No        | State Plan               |   |



# EVV Services

| CODE  |  | PROCEDURE SHORT DESCRIPTION              | Benefit     |
|-------|--|--|-------------|
| T1005 |  | RESPITE SRVCS-CLIENTS NEEDING 1-17 HR/DY | Respite     |
| T1019 |  | PERSONAL CARE SER PER 15 MIN             | PCA         |
| T1000 |  | PRIVATE DUTY VISIT RN                    | PDN         |
| T1000 |  | PRIVATE DUTY VISIT LPN                   | PDN         |
| T1004 |  | HOME HEALTH AIDE (HHA)                   | Home Health |