

## **Table of Contents**

**State/Territory Name: District of Columbia**

**State Plan Amendment (SPA) #: 15-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

SWIFT # 091620154093

**SEP 30 2015**

Claudia Schlosberg, J.D.  
Senior Deputy Director/State Medicaid Director  
Department of Health Care Finance  
441 4<sup>th</sup> Street, N.W., Suite 900 South  
Washington, D.C. 20001

Dear Ms. Schlosberg:

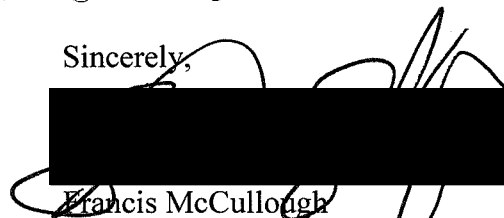

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 15-006, Other Laboratory and X-ray Services. This amendment will enable the District's Medicaid Program to clarify coverage limitations for providers delivering other laboratory and x-ray services.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is October 1, 2015.

A copy of the approved SPA pages and signed CMS-179 form are included under this cover.

If you have any further questions regarding this SPA, please contact Alice Robinson Penn at 215-861-4261 or by email at [Alice.RobinsonPenn@cms.hhs.gov](mailto:Alice.RobinsonPenn@cms.hhs.gov).

Sincerely,

  
  
Francis McCullough  
Associate Regional Administrator

Enclosures

cc: M. Diane Fields, DHCF

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>  TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	1. TRANSMITTAL NUMBER: 15-006	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
4. PROPOSED EFFECTIVE DATE October 1, 2015		

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN      ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN      ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

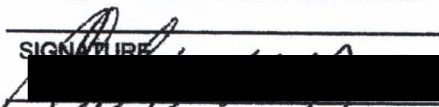
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.30	7. FEDERAL BUDGET IMPACT a. FFY 16 \$ 0 b. FFY 17 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement 1 to Attachment 3.1-A, pp 4-5a Supplement 1 to Attachment 3.1-B, pp 4-4b Attachment 4.19B, Part 1, p 28	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Supplement 1 to Attachment 3.1-A, pp 4-5 Supplement 1 to Attachment 3.1-B, p 4 Attachment 4.19B, Part 1, p 28

10. SUBJECT OF AMENDMENT:

Other Laboratory and X-ray Services

11. GOVERNOR'S REVIEW (Check One)

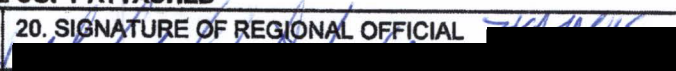
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT      ☒ OTHER, AS SPECIFIED: PR21-0155  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

SIGNATURE 	16. RETURN TO  Claudia Schlosberg, J.D. Senior Deputy Director/State Medicaid Director Department of Health Care Finance 441 4 <sup>th</sup> St. N.W., Suite 900 South Washington, DC 20001
13. TYPED NAME Claudia Schlosberg, JD	
14. TITLE Senior Deputy Director/State Medicaid Director	
15. DATE SUBMITTED July 7, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 7-7-2015	18. DATE APPROVED SEP 30 2015
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10-1-2015	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME FRANCES McCULLOUGH	22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS	

2. Outpatient Hospital Services

- A. Surgical procedures for cosmetic purposes (except for emergency repair of accidental injury) will be provided only by prior authorization issued by the State Agency.
- B. Dental or oral surgery services will be limited to the emergency repair. Emergency repair is defined as an accident which caused injury to the jaw and related structures.
- C. Surgical procedures meeting the standards specified in 42 CFR 416.65(a) and (b), and included in the list published in accordance with 42 CFR 416.65(c) shall be reimbursed only if provided in facilities meeting the requirements of 42 CFR 416, Subpart C.
- D. Surgical procedures meeting the standards specified in 42 CFR 416.65(a) and (b), and included in the list published in accordance with 42 CFR 416.65(c) shall not be reimbursed on an inpatient basis.
- E. Surgical procedures meeting the standards as specified in the 42 CFR 416.65(c) shall not be reimbursed unless certified by the District of Columbia's Certification Program.

3. Other Laboratory and X-Ray Services

- A. Other Laboratory and X-ray Services shall refer to professional and technical laboratory and radiological services that are:
  - (1) Medically Necessary;
  - (2) Ordered, in writing, by a physician or advanced practice registered nurse (APRN) who is screened and enrolled as a District Medicaid program provider pursuant to 29 DCMR §§ 9400 et seq.; and
  - (3) Provided in an office or similar facility other than a hospital outpatient department or clinic.
- B. All ordering clinicians shall be licensed pursuant to the District of Columbia Health Occupations Revision Act of 1985,

effective March 25, 1986 (D.C. Law 6-99); D.C. Official Code §§ 3-1201 et seq.).

C. Coverage of and Medicaid reimbursement for other laboratory and x-ray services shall be limited as follows:

- (1) Other laboratory and x-ray services performed in connection with a routine physical examination shall not be billed separately;
- (2) Services primarily for, or in connection with, cosmetic purposes shall require prior approval by the Department of Health Care Finance or its designee;
- (3) Services primarily for, or in connection with, dental or oral surgery services, shall be limited to those required as a result of the emergency repair or accidental injury to the jaw or related structure; and
- (4) Other laboratory and x-ray services provided to an individual who is in an outpatient setting, including services referred to an outside office or facility shall be included in a hospital outpatient claim.

D. To receive Medicaid reimbursement, a provider of other laboratory services shall meet the following requirements:

- (1) Be certified under Title XVIII of the Social Security Act and the Clinical Laboratories Improvement Amendments of 1988;
- (2) Be licensed or registered in accordance with D.C. Official Code § 44-202;
- (3) Hold an approved District Medicaid program Provider Agreement as an independent laboratory provider; and

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- (4) Be screened and enrolled as a District Medicaid provider pursuant to 29 DCMR § 9400.

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- (4) Be screened and enrolled as a District Medicaid provider pursuant to 29 DCMR § 9400.

## 30. Other Laboratory and X-ray Services

- A. Other lab and x-ray services are defined per Supplement 1 to Attachment 3.1-A, page 4 and Supplement 1 to Attachment 3.1-B page 4, and are reimbursed based on the agency's fee schedule.
- B. The agency's fee schedule rate was set as of August 1, 2015 and is effective for services provided on or after that date. All rates are published on the agency's website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov). Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published in [www.dc-medicaid.com](http://www.dc-medicaid.com).
- C. To receive Medicaid reimbursement, a provider of x-ray services shall be:
  - (1) Licensed or registered in accordance with D.C. Official Code § 44-202 and other applicable District of Columbia laws;
  - (2) In compliance with manufacturer's guidelines for use and routine inspection of equipment; and
  - (3) Screened and enrolled as a District Medicaid provider pursuant to 29 DCMR § 9400.
- D. Medical reimbursement rates for other laboratory or x-ray services are eighty percent (80%) of the rates established by Medicare, and will not exceed Medicare on a per test basis.