

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of Rates, Reimbursement & Financial Analysis

**DATE:**       **October 23, 2020**

**SUBJECT:   Behavioral Health Transformation Demonstration Program Rates**

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The purpose of this notice is to inform the District of Columbia’s Medicaid providers of the reimbursement rates for certain behavioral health services provided to Medicaid beneficiaries under the Behavioral Health Transformation Demonstration Program (Demonstration Program).

In accordance with the requirements of Chapter 86 (Behavioral Health Transformation Demonstration Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations, services authorized under the Demonstration Program are reimbursed in accordance with the Medicaid fee schedule, unless otherwise indicated. The Medicaid fee schedule is located on the DHCF website at [www.dc-medicaid.com](http://www.dc-medicaid.com).

The table below outlines the codes and associated rates for the services provided under the Demonstration Program.

Service Description	Procedure Code	Modifier	Reimbursement Rate
Transition Planning, SMI	G9012	HE	\$1,021.33 Per service
Transition Planning, SUD	G9012	HF	\$1,021.33 Per service

For services related to Medicaid beneficiaries who are deaf or hard of hearing, the following reimbursement rates shall apply:

Service Description	Procedure Code	Modifier	Reimbursement Rate
Transition Planning, SMI	G9012	HE-HK	\$1,378.80 Per service
Transition Planning, SUD	G9012	HF-HK	\$1,378.80 Per service

If you have questions, please contact Don Shearer, Director, Health Care Operations Administration, Department of Health Care Finance (DHCF) on (202) 698-2007.