

## DEPARTMENT OF HEALTH

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth in An Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program and for other purposes approved December 27, 1967 (81 Stat. 744; D. C. Official Code § 1-307.02), Reorganization Plan No. 4 of 1996, and Mayor's Order 97-42, dated February 18, 1987 hereby gives notice of the adoption, on an emergency basis, of an amendment to sections 936 and 964 of Chapter 9 of Title 29 of the District of Columbia Municipal Regulations (DCMR) entitled "Dental Services". These rules would authorize an increase in the amount of reimbursement by the District of Columbia Medicaid Program for dental services. These rules also amend the current rules by revising the description of reimbursable services consistent with the standard descriptions prescribed by the American Dental Association.

Dental providers have indicated that current reimbursement rates are insufficient. Federal rules require that the state Medicaid rates are sufficient to enlist enough providers such that access to services is, at a minimum, comparable between program recipients and the general population. The Medicaid Program is experiencing a health care crisis due to the limited number of dental professionals. Emergency action is necessary for the immediate preservation of the health, safety and welfare of Medicaid recipients who are in need of dental services. The Medicaid Program projects an increase in total program expenditures of approximately \$1,500,000 for FY 2006 as a result of the increased reimbursement rates.

The emergency rulemaking was adopted on December 20, 2005 and will become effective one day after publication of this notice in the *D.C. Register*. The emergency rules will remain in effect for 120 days or until April 19, 2006, unless superseded by publication of a Notice of Final Rulemaking in the *D.C. Register*. The Director also gives notice of the intent to take final rulemaking action to adopt these proposed rules not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

Chapter 9 of Title 29 DCMR (Medicaid Program) is amended as follows:

- A. Section 936.10 (Dental Services-Home and Community Based Waiver for Persons with Mental Retardation and Developmental Disabilities) is amended to read as follows:**

936.10 The reimbursement rates for dental services shall be as follows:

DESCRIPTION OF SERVICE	RATE
Periodic Dental Screening	\$42.00
Limit Oral Eval Problm Focus	\$60.00

DESCRIPTION OF SERVICE	RATE
Comprehensive Oral Evaluation	\$93.00
Extensive Oral Eval Prob Focus	\$81.00
Re-Eval Est Pt. Problem Focus	\$54.00
Comp Periodontal Evaluation	\$93.00
Intraor Complete Film Series	\$109.20
Periapical XRay; First Film	\$24.00
Periapical XRay; Each Additional FL	\$19.20
Occlusal XRay	\$34.80
Bitewing, Single First Film	\$25.20
Dental Bitewings Two Films	\$48.00
Dental Bitewings Four Films	\$57.60
P.A. Film	\$120.00
Panorex	\$96.00
Cephalometric Film	\$120.00
Pulp Test	\$46.80
Study Models	\$90.00
Preventive Prophylaxis (Adult)	\$93.00
Preventive Prophylaxis (Child)	\$56.40
Topical Fluor w/o Prophy Chi	\$34.80
Topical Fluor w/o Prophy Adult	\$31.20
Dental Sealants	\$45.60
Fixed Band Type	\$276.00
Fixed, Band Type Bilat (New)	\$390.00
Amalgam One Surface, Primary	\$108.00
Amalgam Two Surfaces, Primary	\$138.00
Amalgam Three Surfaces, Primary	\$166.80
Amalgam Four Surfaces, Primary	\$198.00
Amalgam One Surface, Permanent	\$108.00
Amalgam Two Surfaces, Permanent	\$138.00
Amalgam Three Surfaces, Permanent	\$166.80
Amalgam Four Surfaces, Permanent	\$198.00
Acrylic or Plastic Restoration, III	\$127.20
Resin Two Surfaces Anterior	\$162.00
Composite Resin 3 Surfaces Restoration	\$198.00
Esthetic Restoration Class IV	\$240.00
Resin-Based Composite One Surface	\$144.00
Resin-Based Composite Two Surface	\$192.00
Resin-Based Composite Three Surface	\$240.00
Resin-Based Composite Four Surface	\$283.20
Acrylic Jacket	\$480.00
Crown Resin	\$600.00
Gold (Full Cast)	\$720.00
Replacement Crown	\$90.00
Pulp Cap Direct, Exclude Final Rest	\$66.00

DESCRIPTION OF SERVICE	RATE
Pulpotomy	\$160.80
One Canal;Excludes Final Restoration	\$597.60
Two Canals; Excludes Final Restoration	\$709.20
Three Canals;Excludes Final Restoration	\$873.60
Retreatment of Previous Root Canal	\$788.40
Apexification/Recalcification Initial Visit	\$297.60
Apicoectomy	\$560.40
Apicoectomy/Periradicular Surg (Ea Add'l)	\$297.60
Retrograde Amalgam	\$216.00
Gingivectomy or Gingivoplasty,5 MOR.T	\$535.20
Gingivectomy or Gingivoplasty, 1 T to 3 T	\$192.00
Clinical Crown Lengthening	\$595.20
Bone Replacement Graft 1st	\$542.40
Bone Replacement Graft-Ea add'l site Quad	\$406.80
Deep Scaling	\$217.20
Full Mouth Debridement	\$156.00
Complete Upper Denture	\$1,344.00
Complete Lower Denture	\$1,350.00
Upper Partial	\$450.00
Dentures Maxill Part Resin	\$1,005.60
Dentures Maxill Part Metal	\$1,440.00
Repair Broken Complete Denture	\$174.00
Replace FX Broken & Tooth on Denture	\$150.00
Extraction Erupted Tooth	\$132.00
Extraction of Tooth, Erupted	\$230.40
Extraction of Tooth, Soft Tiss. Imp	\$252.00
Extraction of Tooth Partial Bony	\$342.00
Extraction of Tooth, Complete Bony, Impac	\$420.00
Root Tips	\$420.00
Replantation of Tooth with Splint	\$450.00
Surgical Exposure of Boney Impaction	\$409.20
Mobilization Erupted	\$422.40
Biopsy of Oral Tissue Soft	\$241.20
Alveolectomy with Extraction	\$240.00
Alveoplasty not in conj w/ext. per quad	\$354.00
Stomatoplasty per arch uncomplicated	\$762.00
Excision of Canula	\$396.00
Incision Drainage Abscess, Intraoral	\$186.00
Incision & Drainage Extraoral	\$300.00
Curettage of Fistulous Tract	\$296.40
Frenulectomy	\$375.60
Bite Plane	\$201.60
Fixed Appliance Therapy	\$812.40
Palliative Treatment of Dental Pain	\$102.00

DESCRIPTION OF SERVICE	RATE
General Anesthesia	\$312.00
Sedation Ea. Add'l 15 min	\$134.40
Nitrous	\$55.20
Consultation	\$135.00
Hospital Visit	\$39.60
Consultant Evaluation Exam	\$81.00
Occlusal Equilibration by Report	\$48.00
Occlusal Adjustment Ltd	\$139.20
Occlusal Adjustment Complete	\$568.80

**B. Section 964.1 (Dental Services) is amended as follows:**

964.1 The reimbursement rate for dental services provided to eligible Medicaid recipients under the age of twenty-one (21) shall be as follows:

DESCRIPTION OF SERVICE	RATE
Periodic Dental Screening	\$35.00
Limit Oral Eval Problm Focus	\$50.00
Comprehensive Oral Evaluation	\$77.50
Extensive Oral Eval Prob Focus	\$67.50
Re-Eval Est Pt. Problem Focus	\$45.00
Comp Periodontal Evaluation	\$77.50
Intraor Complete Film Series	\$91.00
Periapical XRay; First Film	\$20.00
Periapical XRay; Each Additional FL	\$16.00
Occlusal XRay	\$29.00
Bitewing, Single First Film	\$21.00
Dental Bitewings Two Films	\$40.00
Dental Bitewings Four Films	\$48.00
P.A. Film	\$100.00
Panorex	\$80.00
Cephalometric Film	\$100.00
Pulp Test	\$39.00
Study Models	\$75.00
Preventive Prophylaxis (Adult)	\$77.50
Preventive Prophylaxis (Child)	\$47.00
Topical Fluor w/o Prophy Chi	\$29.00
Topical Fluor w/o Prophy Adult	\$26.00
Dental Sealants	\$38.00
Fixed Band Type	\$230.00
Fixed, Band Type Bilat (New)	\$325.00
Amalgam One Surface, Primary	\$90.00

DESCRIPTION OF SERVICE	RATE
Amalgam Two Surfaces, Primary	\$115.00
Amalgam Three Surfaces, Primary	\$139.00
Amalgam Four Surfaces, Primary	\$165.00
Amalgam One Surface, Permanent	\$90.00
Amalgam Two Surfaces, Permanent	\$115.00
Amalgam Three Surfaces, Permanent	\$139.00
Amalgam Four Surfaces, Permanent	\$165.00
Acrylic or Plastic Restoration, III	\$106.00
Resin Two Surfaces Anterior	\$135.00
Composite Resin 3 Surfaces Restoration	\$165.00
Esthetic Restoration Class IV	\$200.00
Resin-Based Composite One Surface	\$120.00
Resin-Based Composite Two Surface	\$160.00
Resin-Based Composite Three Surface	\$200.00
Resin-Based Composite Four Surface	\$236.00
Acrylic Jacket	\$400.00
Crown Resin	\$500.00
Gold (Full Cast)	\$600.00
Replacement Crown	\$75.00
Pulp Cap Direct, Exclude Final Rest	\$55.00
Pulpotomy	\$134.00
One Canal; Excludes Final Restoration	\$498.00
Two Canals; Excludes Final Restoration	\$591.00
Three Canals; Excludes Final Restoration	\$728.00
Retreatment of Previous Root Canal	\$657.00
Apexification/Recalcification Initial Visit	\$248.00
Apicoectomy	\$467.00
Apicoectomy/Periradicular Surg (Ea Add'l)	\$248.00
Retrograde Amalgam	\$180.00
Gingivectomy or Gingivoplasty, 5 MOR.T	\$446.00
Gingivectomy or Gingivoplasty, 1 T to 3 T	\$160.00
Clinical Crown Lengthening	\$496.00
Bone Replacement Graft 1st	\$452.00
Bone Replacement Graft-Ea add'l site Quad	\$339.00
Deep Scaling	\$181.00
Full Mouth Debridement	\$130.00
Complete Upper Denture	\$1,120.00
Complete Lower Denture	\$1,125.00
Upper Partial	\$375.00
Dentures Maxill Part Resin	\$838.00
Dentures Maxill Part Metal	\$1,200.00
Repair Broken Complete Denture	\$145.00
Replace FX Broken & Tooth on Denture	\$125.00
Extraction Erupted Tooth	\$110.00

DESCRIPTION OF SERVICE	RATE
Extraction of Tooth, Erupted	\$192.00
Extraction of Tooth, Soft Tiss. Imp	\$210.00
Extraction of Tooth Partial Bony	\$285.00
Extraction of Tooth, Complete Bony, Impac	\$350.00
Root Tips	\$350.00
Replantation of Tooth with Splint	\$375.00
Surgical Exposure of Boney Impaction	\$341.00
Mobilization Erupted	\$352.00
Biopsy of Oral Tissue Soft	\$201.00
Alveolectomy with Extraction	\$200.00
Alveoplasty not in conj w/ext. per quad	\$295.00
Stomatoplasty per arch uncomplicated	\$635.00
Excision of Canula	\$330.00
Incision Drainage Abscess, Intraoral	\$155.00
Incision & Drainage Extraoral	\$250.00
Curettage of Fistulous Tract	\$247.00
Frenulectomy	\$313.00
Bite Plane	\$166.00
Fixed Appliance Therapy	\$677.00
Palliative Treatment of Dental Pain	\$85.00
General Anesthesia	\$260.00
Sedation Ea. Add'l 15 min	\$112.00
Nitrous	\$46.00
Consultation	\$112.50
Hospital Visit	\$33.00
Consultant Evaluation Exam	\$67.50
Occlusal Equilibration by Report	\$40.00
Occlusal Adjustment Ltd	\$116.00
Occlusal Adjustment Complete	\$474.00

**C. Section 964.2 (Dental Services) is amended to read as follows:**

- 964.2 The reimbursement rates for dental services provided to eligible Medicaid recipients residing in an intermediate care facility for persons with mental retardation shall be as follows:

DESCRIPTION OF SERVICE	RATE
Periodic Dental Screening	\$42.00
Limit Oral Eval Problm Focus	\$60.00

DESCRIPTION OF SERVICE	RATE
Comprehensive Oral Evaluation	\$93.00
Extensive Oral Eval Prob Focus	\$81.00
Re-Eval Est Pt. Problem Focus	\$54.00
Comp Periodontal Evaluation	\$93.00
Intraor Complete Film Series	\$109.20
Periapical XRay; First Film	\$24.00
Periapical XRay; Each Additional FL	\$19.20
Occlusal XRay	\$34.80
Bitewing, Single First Film	\$25.20
Dental Bitewings Two Films	\$48.00
Dental Bitewings Four Films	\$57.60
P.A. Film	\$120.00
Panorex	\$96.00
Cephalometric Film	\$120.00
Pulp Test	\$46.80
Study Models	\$90.00
Preventive Prophylaxis (Adult)	\$93.00
Preventive Prophylaxis (Child)	\$56.40
Topical Fluor w/o Prophy Chi	\$34.80
Topical Fluor w/o Prophy Adult	\$31.20
Dental Sealants	\$45.60
Fixed Band Type	\$276.00
Fixed, Band Type Bilat (New)	\$390.00
Amalgam One Surface, Primary	\$108.00
Amalgam Two Surfaces, Primary	\$138.00
Amalgam Three Surfaces, Primary	\$166.80
Amalgam Four Surfaces, Primary	\$198.00
Amalgam One Surface, Permanent	\$108.00
Amalgam Two Surfaces, Permanent	\$138.00
Amalgam Three Surfaces, Permanent	\$166.80
Amalgam Four Surfaces, Permanent	\$198.00
Acrylic or Plastic Restoration, III	\$127.20
Resin Two Surfaces Anterior	\$162.00
Composite Resin 3 Surfaces Restoration	\$198.00
Esthetic Restoration Class IV	\$240.00
Resin-Based Composite One Surface	\$144.00
Resin-Based Composite Two Surface	\$192.00
Resin-Based Composite Three Surface	\$240.00
Resin-Based Composite Four Surface	\$283.20
Acrylic Jacket	\$480.00
Crown Resin	\$600.00
Gold (Full Cast)	\$720.00
Replacement Crown	\$90.00
Pulp Cap Direct, Exclude Final Rest	\$66.00

DESCRIPTION OF SERVICE	RATE
Pulpotomy	\$160.80
One Canal; Excludes Final Restoration	\$597.60
Two Canals; Excludes Final Restoration	\$709.20
Three Canals; Excludes Final Restoration	\$873.60
Retreatment of Previous Root Canal	\$788.40
Apexification/Recalcification Initial Visit	\$297.60
Apicoectomy	\$560.40
Apicoectomy/Periradicular Surg (Ea Add'l)	\$297.60
Retrograde Amalgam	\$216.00
Gingivectomy or Gingivoplasty, 5 MOR.T	\$535.20
Gingivectomy or Gingivoplasty, 1 T to 3 T	\$192.00
Clinical Crown Lengthening	\$595.20
Bone Replacement Graft 1st	\$542.40
Bone Replacement Graft-Ea add'l site Quad	\$406.80
Deep Scaling	\$217.20
Full Mouth Debridement	\$156.00
Complete Upper Denture	\$1,344.00
Complete Lower Denture	\$1,350.00
Upper Partial	\$450.00
Dentures Maxill Part Resin	\$1,005.60
Dentures Maxill Part Metal	\$1,440.00
Repair Broken Complete Denture	\$174.00
Replace FX Broken & Tooth on Denture	\$150.00
Extraction Erupted Tooth	\$132.00
Extraction of Tooth, Erupted	\$230.40
Extraction of Tooth, Soft Tiss. Imp	\$252.00
Extraction of Tooth Partial Bony	\$342.00
Extraction of Tooth, Complete Bony, Impac	\$420.00
Root Tips	\$420.00
Replantation of Tooth with Splint	\$450.00
Surgical Exposure of Boney Impaction	\$409.20
Mobilization Erupted	\$422.40
Biopsy of Oral Tissue Soft	\$241.20
Alveolectomy with Extraction	\$240.00
Alveoplasty not in conj w/ext. per quad	\$354.00
Stomatoplasty per arch uncomplicated	\$762.00
Excision of Canula	\$396.00
Incision Drainage Abscess, Intraoral	\$186.00
Incision & Drainage Extraoral	\$300.00
Curettage of Fistulous Tract	\$296.40
Frenulectomy	\$375.60
Bite Plane	\$201.60
Fixed Appliance Therapy	\$812.40
Palliative Treatment of Dental Pain	\$102.00

DESCRIPTION OF SERVICE	RATE
General Anesthesia	\$312.00
Sedation Ea. Add'l 15 min	\$134.40
Nitrous	\$55.20
Consultation	\$135.00
Hospital Visit	\$39.60
Consultant Evaluation Exam	\$81.00
Occlusal Equilibration by Report	\$48.00
Occlusal Adjustment Ltd	\$139.20
Occlusal Adjustment Complete	\$568.80

Comments on the proposed rules shall be submitted in writing to Robert T. Maruca, Senior Deputy Director, Medical Assistance Administration, Department of Health, 825 North Capitol Street, N.E., 5<sup>th</sup> Floor, Washington, DC 20002, within thirty (30) days from the date of publication of this notice in the *D.C. Register*. Copies of the proposed rules may be obtained from the same address.

JAN 6 - 2006

## DISTRICT OF COLUMBIA TAXICAB COMMISSION

## PANEL ON RATES AND RULES

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The District of Columbia Taxicab Commission ("Commission"), by its Panel on Rates and Rules (Panel) pursuant to the authority set forth under sections 8(b)(1)(A), 9(b) and 18(a) of the District of Columbia Taxicab Commission Establishment Act of 1985, effective March 25, 1986 (D.C. Law 6-97; D.C. Official Code §§50-307(b)(1)(A), 50-308(b), 50-317(a)), hereby gives notice of its emergency rulemaking action on Wednesday, December 14, 2005, to amend Chapter 8 of Title 31 of the District of Columbia Municipal Regulations ("DCMR"), governing taxicab service rates and charges. Through its emergency rulemaking action, the Commission voted to amend Appendix 8-2 (Taxicab Zone Map and Charges) by adding an averaged increase of twelve percent (12%) to each current zone fare charge. The effective date of this emergency rule is 12:01 am Monday, January 9, 2006 and the emergency rule will expire after one hundred and twenty (120) days after its adoption, or upon publication of a notice of final rulemaking in the *D.C. Register* which supersedes the emergency rules, whichever occurs first. The rate increase does not apply to interstate fares. The last taxicab rate increase was effective April 23, 2004. The Commission also gives notice of intent to take final rulemaking action to adopt the proposed rules in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

The Commission previously took emergency rulemaking action on September 9, 2005, by adding a fuel surcharge to taxicab fares that is due to expire on midnight Sunday, January 8, 2006. A public hearing was held on November 9, 2005, regarding the fuel surcharge. Due to comments received at the public hearing, the Commission decided that it should address whether emergency rules should be adopted to increase the rates and charges due to rising operating costs incurred by taxicab operators in the operation of their vehicles.

Thereafter, a panel was convened by the Interim Chairperson to determine whether a rate increase was warranted. Based upon the recommendations of the panel, the Commission adopted the instant emergency rulemaking action as an attempt to offset the rising operating costs incurred by taxicab operators to operate their taxicabs. The Commission found that taxicab operators may not be able to continue to meet their public service obligations to provide vital transportation service to the public and preserve the status quo. The increased costs of operating a taxicab may cause many taxicab operators to leave the industry or discontinue taxicab service because they may not earn a fair return on their investment. Also, taxicab operators may not be able to meet basic health and welfare needs for themselves or their families. The potential termination of taxicab service may affect senior citizens and persons with disabilities who rely on taxicab service for medical care, extended health services, physical therapy, social, and other supportive services.

The fares enacted by the Commission in April 2004 and the current taxicab fares which include the one dollar and fifty cent (\$1.50) fuel surcharge that will expire on midnight Sunday, January 8, 2006 along with the proposed fares are set out below:

<u>Number of Zones</u>	<u>Fares as of April 2004</u>	<u>Current Fares w/Fuel Surcharge</u>	<u>Proposed Fares</u>
1	\$5.50	\$7.00	\$6.50
2	\$7.60	\$9.10	\$8.80
3	\$9.50	\$11.00	\$11.00
4	\$11.40	\$12.90	\$12.60
5	\$12.80	\$14.30	\$14.00
6	\$14.10	\$15.60	\$15.50
7	\$16.20	\$17.70	\$17.80
8	\$17.20	\$18.70	\$18.90

The Panel also proposes to increase other taxicab rates and charges as shown in Appendix 8-2 by no longer charging for waiting time for the initial first three (3) minutes. Thereafter, passengers will be charged one dollar (\$1.00) for every two (2) minutes or any fraction thereof. It also proposed to no longer charge for a stop enroute for the initial first three (3) minutes. Thereafter, passengers will be charged one dollar (\$1.00) for every two (2) minutes or any fraction thereof. The following charges will remain the same: rush hour, additional passenger, dismissal of a taxicab, radio dispatch service, hourly rate, and charges related to bags and luggage.

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments in writing not later than thirty (30) days from the date of publication of this notice in the D.C. Register. Comments should be filed with Kimberly A. Lewis, Attorney Advisor, District of Columbia Taxicab Commission, 2041 Martin Luther King, Jr., Avenue, S.E., Suite 204, Washington, D.C. 20020. Copies of the proposed rulemaking may be obtained by writing to the above address.