

## DEPARTMENT OF HEALTH

**NOTICE OF PROPOSED RULEMAKING**

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The Director of the District of Columbia 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), and Mayor's Order 97-42, dated February 18, 1997, hereby gives notice of his intent to take final rulemaking action to adopt the following amendment to the District of Columbia Municipal Regulations (DCMR) in not less than 30 days from the date of publication of this notice in the *D.C. Register*. The proposed rule would add a new Chapter 22 to Title 29 of the DCMR to establish standards governing reimbursement of substance abuse treatment services by the District of Columbia Medical Assistance Administration (MAA).

The MAA is proposing an amendment to the District of Columbia State Plan for Medical Assistance (State Plan) that would enable eligible District Medicaid recipients to seek substance abuse treatment and allow certified providers to seek reimbursement by MAA. Services will be rendered by, or under the supervision of, qualified professionals in a certified substance abuse treatment program according to standards for substance abuse treatment facilities in Chapter 23 in Title 29 of the DCMR. A proposed resolution to approve the State Plan Amendment was introduced on June 6, 2003 as PR15-251, the "Amendment to the Medicaid State Plan Substance Abuse Rehabilitation Option Approval Resolution of 2003". Pursuant to D.C. Official Code § 1-307.02(a)(2), the proposed resolution was deemed approved by the Council of the District of Columbia after a 30-day period of review on July 18, 2003. The MAA estimates that this program will result in an aggregate annual increase of approximately 4 million dollars.

The proposed rules will not become effective until publication of a notice of final rulemaking in the *D.C. Register* and approval of the attendant State Plan amendment by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

**Title 29 (Public Welfare) (May 1987) of the DCMR is amended by adding the following new Chapter 22 to read as follows:**

**CHAPTER 22           MEDICAID REIMBURSEMENT FOR SUBSTANCE ABUSE  
                          TREATMENT SERVICES**

**2200           GENERAL PROVISIONS**

2200.1       This Chapter establishes the standards governing Medicaid reimbursement for Substance Abuse Rehabilitative Services provided by substance abuse treatment providers certified by the Department of Health under Chapter 23, Title 29 of the District of Columbia Municipal Regulations (DCMR)

2200.2       The Addiction Prevention and Recovery Administration (APRA) and each certified substance abuse treatment provider shall enter into a provider agreement with the Department of Health, Medical Assistance Administration (MAA), for the provision of Substance Abuse Rehabilitative Services.

- 2200.3 The provider agreement shall specify the services to be provided, methods of operation, financial and legal requirements, and identification of the population to be served.
- 2200.4 Each certified substance abuse treatment provider shall comply with the certification standards of Chapter 23 of Title 29 of the DCMR.
- 2200.5 APRA and each certified substance abuse treatment provider shall comply with all applicable provisions of District and federal law and rules pertaining to Title XIX of the Social Security Act, and all District and federal law and rules applicable to the service or activity provided pursuant to these rules.
- 2200.6 In accordance with section 1902(a)(23) of the Social Security Act, APRA shall ensure that each patient has free choice of qualified providers.

**2201 PROGRAM SERVICES**

- 2201.1 Each provider shall provide the services required by 29 DCMR § 2339.1.
- 2201.2 Following is a list of billable services to be used by any substance abuse treatment facility or program certified under Chapter 23 of Title 29 of the DCMR and approved to bill under the Medicaid Substance Abuse Rehabilitation Option (SARO) for services provided to Medicaid eligible patients. The listed services are consistent with many of the requirements specified in Chapter 23 in Title 29 of the DCMR. Reference 29 DCMR § 2339.1 for a list of core service requirements.

Description	Code	Unit	Location/Setting	Rate	Exceptions/Limitations
Screening to determine eligibility for admission to treatment program	H0002	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient Level III Day Treatment, Non-Hospital Detoxification, Non-Hospital Residential (prior to admission only)	\$12.50	Two unit limit.
Assessment	H0001	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient Level III Day Treatment, Non-Hospital Detoxification, Non-Hospital Residential (prior to admission only)	\$21.60	Maximum allowable units: 1) 10 within a six month period for the initial assessment. 2) 3 for subsequent assessments, with prior approval. This service does not include the cost of a physical.

Description	Code	Unit	Location/Setting	Rate	Exceptions/ Limitations
Community-based Assessment	H0001-HF	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient Level III Day Treatment, Non-Hospital Detoxification, Non-Hospital Residential (prior to admission only)	\$23.76	Six unit limit.
Lab analysis for alcohol or drugs per test.	H0003	test	Level I Basic Outpatient Level II Intensive Outpatient	\$9.00	One test in a 30-day period unless there is documented clinical justification.
Alcohol and/other drug services, crisis intervention	H0007	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient Level III Day Treatment	\$29.64	Requires authorization after 3 sessions if the patient is in the same level of care with the same provider. Each session limited to 3 units.
Individual counseling by a clinician.	H0004	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$20.80	Prior authorization after 10 sessions. Each session limited to 3 units.
Group addiction counseling by a clinician (per individual).	H0005	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$4.10	Re-authorization required every 90 days.
Community support Services	T1011-HF	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$22.88	Requires prior authorization from APRA.
Community-based Intervention	T1011-HA/HB	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$27.17	Requires prior authorization from APRA.
Case management	H0006	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient Level III Day Treatment Level III Non-Hospital Detox Level III Non-Hospital Residential	\$18.20	Services shall comply with the recipient's established patient rehabilitation plan.
Residential detoxification (sub-acute, inpatient)	H0010	day	Level III Non-Hospital Detox	\$224.70 All - inclusive	Case management services reimbursement prohibited on the same day this service is provided. Reauthorization required after 7 days.

Description	Code	Unit	Location/Setting	Rate	Exceptions/ Limitations
Outpatient detoxification (ambulatory)	H0014	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$22.30	Only eligible for 8 visits.
Day treatment (at least 5 hrs/day and 4 days/week); includes counseling, crisis intervention, and activity therapies or education.	T1008	day	Level III Day Treatment	\$105.00 All-inclusive	Reauthorization required after 24 visits; maximum 32 visits.
Intensive outpatient (at least 3 hrs/day and 3 days/week); includes counseling, crisis intervention, and activity therapies or education.	H0015	half-day	Level II Intensive Outpatient	\$67.50 All-inclusive	Reauthorization required after 24 visits; maximum 32 visits.
Medication management (medical intervention in ambulatory setting: medical/somatic)	H0016	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$28.90	Prior authorization required after 3 visits. Session maximum is 2 units.
Short term residential (non-hospital residential treatment program)	H0018	1 day	Level III Non-Hospital Residential	\$124.40 All-inclusive	Re-authorization required after 14 days. Case management services reimbursement prohibited on the same day this service is provided. Does not include reimbursement for room and board.
Long term residential (non-medical, non-acute care in residential treatment program > 30 days)	H0019	1 day	Level III Non-Hospital Residential	\$120.50 All-inclusive	Re-authorization required every 30 days. Case management services reimbursement prohibited on the same day this service is provided. Does not include reimbursement for room and board.
Dose – in-clinic or take-home (methadone by licensed program)	H0020	dose	Level I Basic Outpatient Level II Intensive Outpatient	\$7.80	Limited to 1 dose per day unless there is documented clinical justification.

Description	Code	Unit	Location/Setting	Rate	Exceptions/ Limitations
Intervention (planned facilitation) to assist the patient in recognition of substance abuse problem and need for treatment	H0022	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$24.70	Each session limited to 6 units. Limited to 5 sessions.
Prenatal care, at-risk assessment	H1000	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$21.60	Limited to 6 units in a 12 month period
Prenatal care, at-risk enhanced service, Antepartum Management	H1001	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$18.20	Re-authorization required every 90 days.
Prenatal care, at-risk enhanced service, Coordination	H1002	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$18.20	Re-authorization required every 90 days.
Prenatal education, at-risk enhanced service	H1003	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$18.20	Re-authorization required every 90 days.
Prenatal home Visit, at-risk enhanced service	H1004	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$22.90	Re-authorization required every 90 days.
Family counseling directed exclusively to address treatment plan issues of the person in treatment	T1006	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$21.00	Re-authorization required every 90 days.
Treatment Planning	T1007	15 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$20.00	Re-authorization required every 90 days.
Breathalyzer, swab test, patch test (H0003)	82075	Test	Level I Basic Outpatient Level II Intensive Outpatient	\$8.00	Limited to 1 test in a 30-day period unless there is documented clinical justification.

2201.3 The following list of billable services shall be used when the assessment requires Psychotherapy services based on a diagnosis of mental disorders. These billable services may be used by any qualified substance abuse treatment facility or program certified under Chapter 23 of Title 29 of the DCMR and approved to bill under the Medicaid Substance Abuse Rehabilitation Option (SARO) for services provided to Medicaid eligible patients. The listed services are consistent with many of the requirements specified in Chapter 23 of Title 29 of the DCMR. Reference 29 DCMR §2339.1 for a list of core service requirements.

Description	Code	Unit	Location/Setting	Rate	Exceptions/Limitations
Psychotherapy, 20-30 minutes, office	90804	20-30 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$21.00	Prior authorization required after 10 units. Limit one unit per session.
Psychotherapy, 45-50 minutes, office	90806	45-50 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$37.80	Prior authorization required after 10 units. Limit one unit per session.
Psychotherapy, 75-80 minutes, office	90808	75-80 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$55.00	Permitted only with prior authorization.
Psychotherapy, inpatient or residential, 20-30 minutes	90816	20-30 minutes	Level III Non-Hospital Detox or Residential when delivered by a psychiatrist.	\$21.00	Prior authorization required after 10 units. Limit one unit per session.
Psychotherapy, inpatient/residential, 45-50 minutes	90818	45-50 minutes	Level III Non-Hospital Detox or Residential when delivered by a psychiatrist.	\$37.80	Prior authorization required after 10 units. Limit one unit per session.
Psychotherapy, inpatient or residential, 75-80 minutes	90821	75-80 minutes	Level III Non-Hospital Detox or Residential when delivered by a psychiatrist.	\$55.00	Permitted only with prior authorization.
Psychotherapy, continued medical evaluation, drug management, etc, 45-50 minutes	90844	45-50 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$37.80	Prior authorization required after 10 units. Limit one unit per session.
Medical psychoanalysis	90845	60 minutes	Level I Basic Outpatient Level II Intensive Outpatient	\$83.70	Prior authorization required after 10 units. Limit one unit per session.
Family psychotherapy (without the patient present)	90846	session	Level I Basic Outpatient Level II Intensive Outpatient	\$35.00	Prior authorization required after 10 sessions.
Family psychotherapy (with the patient present)	90847	session	Level I Basic Outpatient Level II Intensive Outpatient	\$30.14	Prior authorization required after 10 sessions.
Multiple-family group psychotherapy	90849	session	Level I Basic Outpatient Level II Intensive Outpatient	\$42.00	Prior authorization required after 10 sessions.

Group psychotherapy	90853	session	Level I Basic Outpatient Level II Intensive Outpatient	\$10.00	Prior authorization required after 10 sessions.
Interactive group psychotherapy	90857	session	Level I Basic Outpatient Level II Intensive Outpatient	\$11.00	Prior authorization required after 10 sessions.

2201.4 The billing procedure for services with code numbers 90804, 90806, 90816, and 90818 is as follows:

- (a) Sessions with a duration of between thirty-one (31) and forty-four (44) minutes bill at the rate specified for codes 90804 and 90816; and
- (b) Sessions with a duration of between fifty-one (51) and seventy-four (74) minutes bill at the rate specified for codes 90816 and 90818.

2201.5 A provider shall not bill for more than one (1) psychotherapy or psychoanalysis service in the same day. If a provider provides the same type of psychotherapy service to the same client more than once in the same day, the provider may aggregate the total number of minutes of psychotherapy service provided in that day and bill for the service code that most closely approximates the number of minutes of therapy provided, subject to any exceptions or limitations that apply to reimbursement for that code.

2201.6 Each provider shall obtain reauthorization after twenty-four (24) visits. Each provider shall obtain reauthorization after thirty-two (32) visits for non-methadone outpatient treatment. Methadone patients require reauthorization every twelve (12) months.

2201.7 Each provider shall bill for each service provided in incremental units and may bill for multiple services per day based on planned services and frequencies authorized in advance by APRA, except as specified in subsections 2201.2 and 2201.3 of this chapter.

2201.8 An all-inclusive service is a substance abuse rehabilitation service that precludes reimbursement for any additional service on the same day and for the same patient, except for psychotherapy services performed by a psychiatrist.

2201.9 Specialty services providers who require clarification on what may be reimbursable should contact the APRA Client Services Center.

2201.10 Each rate listed in the schedules in subsections 2201.2 and 2201.3 shall be equal to or greater than the provider's normal cost for the service. If a provider's cost is less than the Medicaid rate a lower rate must be negotiated.

## 2202 ELIGIBILITY REQUIREMENTS

2202.1 Persons eligible to receive SARO services shall be Medicaid recipients with a current Diagnostic and Statistical Manual (DSM) diagnosis of substance abuse dependence or addiction.

2203 [RESERVED]

2204 [RESERVED]

2205 [RESERVED]

2206 **DEFINITIONS**

2299.1 Except as provided in § 2299.2, the provisions of § 2399 of Chapter 23 of this title, and the definitions set forth in that section shall apply to this chapter.

2299.2 When used in this chapter, the following words shall have the meanings ascribed:

**APRA** - District of Columbia, Department of Health, Addiction Prevention and Recovery Administration

**Breathalyzer, swab test, patch test** – a test used to determine substance levels.

**Code** – the most recent HCPCS code as published annually in the *American Medical Association Current Procedural Terminology (CPT)* for the current calendar year.

**Interactive Group Psychotherapy** – a form of psychotherapy that integrates interpersonal action and psychodynamic approaches to treatment.

**Medical Assistance Administration (MAA)** – the single state agency, within the District of Columbia Department of Health responsible for administering the District of Columbia Medicaid Program.

**Medical Psychoanalysis** – therapy that concentrates on the patient's current relationships and patterns of behavior traces them back to their historical origins, shows how they have changed and developed over time, and helps the individual to deal better with the realities of life. The patient becomes aware of the underlying sources of his or her difficulties by examining the complex relationship between body and mind furthering the understanding of the role of emotions in health as well as in medical illness.

**Patient** - a person eligible to receive services pursuant to this Chapter.

**Psychotherapy** – a structured, goal-oriented therapeutic process in which a patient interacts on a face-to-face basis in accordance with the patient's rehabilitation plan to resolve problems related to alcohol, drugs, or both, that interfere with the patient's functioning. The person providing the service shall be a licensed or certified behavioral health professional working within his or her scope of practice.

**Session** – the total period of time a patient receives a specific service that is billed in increments measured in a specific unit for each service.

**Unit**—an increment of time used for billing purposes.



**Visit** – a bundle of services a patient receives in a single day, which may include more than one session.

All persons wishing to comment on the proposed rulemaking shall submit written comments no later than thirty (30) days after the date of publication of this notice in the *D.C. Register* to the Department of Health, Office of the General Counsel, 825 N. Capitol Street, N.E., 4<sup>th</sup> Floor, Washington, D.C., 20002. Copies of the proposed rules may be obtained from the Medical Assistance Administration, 5<sup>th</sup> Floor, at the address stated above, Monday through Friday, excluding holidays, from 8:15 A.M. to 4:45 P.M.

PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA  
1333 H STREET, N.W., SUITE 200, WEST TOWER  
WASHINGTON, DC 20005

NOTICE OF PROPOSED RULEMAKING

ET00-2, IN THE MATTER OF POTOMAC ELECTRIC POWER COMPANY'S  
PUBLIC OCCUPANCY SURCHARGE ELECTRICITY TARIFF, P.S.C.-D.C. No.

1

1. The Public Service Commission of the District of Columbia ("Commission") hereby gives notice, pursuant to Section 2-505 of the District of Columbia Code,<sup>1</sup> of its intent to act upon the Compliance Filing of Potomac Electric Power Company ("PEPCO")<sup>2</sup> in not less than 30 days from the date of publication of this Notice of Proposed Rulemaking ("NOPR") in the *D.C. Register*.

2. Pursuant to D.C. Code Section 10-1141.6,<sup>3</sup> PEPCO filed with the Commission an updated Public Space Occupancy Surcharge Rider ("PSOS") on February 1, 2005.<sup>4</sup> In the tariff filing, PEPCO shows the process to be used to recover from its customers the D.C. Public Rights-of-Way fees paid by PEPCO the District Columbia Government.

**ELECTRICITY TARIFF, P.S.C.-D.C. No. 1**  
**6<sup>th</sup> Revised Page R-33**

3. In its filing, PEPCO indicates that the revised PSOS supports calculations for a decrease in the surcharge rate by 4.8% percent. In addition, PEPCO states that its revised Rights-of-Way surcharge will become effective with meter readings on or after March 1, 2005.<sup>5</sup>

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<sup>1</sup> D. C. Code, 2001 Ed. § 2-505.

<sup>2</sup> *ET00-2, In The Matter Of Washington Gas Light Company's Public Occupancy Surcharge Electricity Tariff, P.S.C.-D.C. No. 1*, Letter to Christine D. Brooks, Commission Secretary, from Paul H. Harrington, Associate General Counsel, re: ET00-2, filed February 1, 2005 (hereinafter referred to as "Application").

<sup>3</sup> D.C. Code, 2001 Ed. § 10-1141.06, states that "Each public utility company regulated by the Public Service Commission shall recover from its utility customers all lease payments which it pays to the District of Columbia pursuant to this title through a surcharge mechanism applied to each unit of sale and the surcharge amount shall be separately stated on each customer's monthly billing statement."

<sup>4</sup> *ET00-2*, Application at 1.

<sup>5</sup> *Id.*

4. This Compliance Filing may be reviewed at the Office of the Commission Secretary, 1333 H Street, N.W., Second Floor, West Tower, Washington, D.C. 20005, between the hours of 9:00 a.m. and 5:30 p.m., Monday through Friday. Copies of the tariff pages are available upon request, at a per-page reproduction cost.

5. Comments on the tariff filing must be made in writing to Christine D. Brooks, Commission Secretary, at the above address. All comments must be received within 30 days of the date of publication of this NOPR in the *D.C. Register*. Persons wishing to file reply comments may do so no later than 45 days of the date of publication of this NOPR in the *D.C. Register*. Once the comment and reply comment periods have expired, the Commission will take final rulemaking action on PEPCO's filing. The Commission does not intend to prevent the Company from implementing its filed surcharges. However, if the Commission discovers any inaccuracies, PEPCO could be subject to reconciliation of the surcharges.

PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA  
1333 H STREET, N.W., SUITE 200, WEST TOWER  
WASHINGTON, DC 20005

NOTICE OF PROPOSED RULEMAKING

TT00-5, IN THE MATTER OF VERIZON WASHINGTON, DC INC.'S  
PUBLIC OCCUPANCY SURCHARGE GENERAL REGULATIONS TARIFF,  
P.S.C.-D.C. No. 201

1. The Public Service Commission of the District of Columbia ("Commission") hereby gives notice, pursuant to Section 2-505 of the District of Columbia Code,<sup>1</sup> of its intent to act upon the Compliance Filing of Verizon Washington, DC Inc. ("Verizon DC")<sup>2</sup> in not less than 30 days from the date of publication of this Notice of Proposed Rulemaking ("NOPR") in the *D.C. Register*.

2. Pursuant to D.C. Code Section 10-1141.6,<sup>3</sup> Verizon DC filed with the Commission an updated Public Space Occupancy Surcharge Rider ("PSOS") on March 23, 2005.<sup>4</sup> In the tariff filing, Verizon DC shows the process to be used to recover from its customers the D.C. Public Rights-of-Way fees paid by Verizon DC the District Columbia Government.

**GENERAL REGULATIONS TARIFF, P.S.C.-D.C. No. 201**

**Section 1A**

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3. Verizon DC's tariff filing states that the updated calculations are based on estimated of receipts from June 2005 until June 2006.<sup>5</sup> Verizon DC also indicates that the revised surcharge will take effect July 1, 2005, and that the surcharge will increase by \$0.15 (\$0.02 Centrex) because of the declining number of customer lines.<sup>6</sup>

<sup>1</sup> D. C. Code, 2001 Ed. § 2-505.

<sup>2</sup> *TT00-5, In The Matter Of Verizon Washington, Dc Inc.'s Public Occupancy Surcharge General Regulations Tariff, P.S.C.-D.C. No. 201*, Letter to Christine D. Brooks, Commission Secretary, from J. Henry Ambrose, Vice President for Regulatory Matters of Verizon DC, re: TT00-5, filed March 23, 2005 (hereinafter referred to as "Application").

<sup>3</sup> D.C. Code, 2001 Ed. § 10-1141.06, states that "Each public utility company regulated by the Public Service Commission shall recover from its utility customers all lease payments which it pays to the District of Columbia pursuant to this title through a surcharge mechanism applied to each unit of sale and the surcharge amount shall be separately stated on each customer's monthly billing statement."

<sup>4</sup> *TT00-5*, Application at 1.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

4. This Compliance Filing may be reviewed at the Office of the Commission Secretary, 1333 H Street, N.W., Second Floor, West Tower, Washington, D.C. 20005, between the hours of 9:00 a.m. and 5:30 p.m., Monday through Friday. Copies of the tariff pages are available upon request, at a per-page reproduction cost.

5. Comments on the tariff must be made in writing to Christine D. Brooks, Commission Secretary, at the above address. All comments must be received within 30 days of the date of publication of this NOPR in the *D.C. Register*. Persons wishing to file reply comments may do so no later than 45 days of the date of publication of this NOPR in the *D.C. Register*. Once the comment and reply comment periods have expired, the Commission will take final rulemaking action on Verizon DC's filing. The Commission does not intend to prevent the Company from implementing its filed surcharges. However, if the Commission discovers any inaccuracies, Verizon DC could be subject to a reconciliation of the surcharges.

PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA  
1333 H STREET, N.W., SUITE 200, WEST TOWER  
WASHINGTON, DC 20005

NOTICE OF PROPOSED RULEMAKING

GT00-2, IN THE MATTER OF WASHINGTON GAS LIGHT COMPANY'S  
PUBLIC OCCUPANCY SURCHARGE GENERAL REGULATIONS TARIFF,  
P.S.C.-D.C. No. 3

1. The Public Service Commission of the District of Columbia ("Commission") hereby gives notice, pursuant to Section 2-505 of the District of Columbia Code,<sup>1</sup> of its intent to act upon the Compliance Filing of Washington Gas Light Company ("WGL")<sup>2</sup> in not less than 30 days from the date of publication of this Notice of Proposed Rulemaking ("NOPR") in the *D.C. Register*.

2. Pursuant to D.C. Code Section 10-1141.6,<sup>3</sup> WGL filed with the Commission an updated Public Space Occupancy Surcharge Rider ("PSOS") on March 25, 2005.<sup>4</sup> In the tariff filing, WGL shows the process to be used to recover from its customers the D.C. Public Rights-of-Way fees paid by WGL the District Columbia Government.

GENERAL SERVICES TARIFF, P.S.C.-D.C. No. 3  
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2<sup>nd</sup> Revised Page 56

3. WGL states that its Rights-of-Way surcharge will become effective commencing with the April 2005 billing cycle.<sup>5</sup>

4. This Compliance Filing may be reviewed at the Office of the Commission Secretary, 1333 H Street, N.W., Second Floor, West Tower, Washington, D.C. 20005,

<sup>1</sup> D. C. Code, 2001 Ed. § 2-505.

<sup>2</sup> *GT00-2, In The Matter Of Washington Gas Light Company's Public Occupancy Surcharge General Regulations Tariff, P.S.C.-D.C. No. 3*, Letter to Christine D. Brooks, Commission Secretary, from Bernice K. McIntyre, Department Head of Regulatory, re: GT00-2, filed March 25, 2005 (hereinafter referred to as "Application").

<sup>3</sup> D.C. Code, 2001 Ed. § 10-1141.06, states that "Each public utility company regulated by the Public Service Commission shall recover from its utility customers all lease payments which it pays to the District of Columbia pursuant to this title through a surcharge mechanism applied to each unit of sale and the surcharge amount shall be separately stated on each customer's monthly billing statement."

<sup>4</sup> *GT00-2*, Application at 1.

<sup>5</sup> *Id.*

between the hours of 9:00 a.m. and 5:30 p.m., Monday through Friday. Copies of the tariff pages are available upon request, at a per-page reproduction cost.

5. Comments on the tariff filing must be made in writing to Christine D. Brooks, Commission Secretary, at the above address. All comments must be received within 30 days of the date of publication of this NOPR in the *D.C. Register*. Persons wishing to file reply comments may do so no later than 45 days of the date of publication of this NOPR in the *D.C. Register*. Once the comment and reply comment periods have expired, the Commission will take final rulemaking action on WGL's filing. The Commission does not intend to prevent the Company from implementing its filed surcharges. However, if the Commission discovers any inaccuracies, WGL could be subject to reconciliation of the surcharges.