



Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID PROVIDER MANUAL UPDATE

TO: All Providers of Community Mental Health Rehabilitative Services Participating in the Virginia Medical Assistance Program and Managed Care Organizations

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Update

DATE: July 1, 2009

SUBJECT: Update to the Community Mental Health Rehabilitative Services Provider Manual to Reflect New Prior Authorization (PA) Requirements, Transitioning to PA, Assessment Codes, Updates to Service Limits, Utilization Review, and Billing

The purpose of this memorandum is to notify you of significant changes to Chapters II, IV, V, VI, and Appendix C of your Community Mental Health Rehabilitative Services Provider Manual. Please download the new pages to insert into your Provider Manual and retain the attached table. The attached table shows the changes to the manual.

Amendments to Chapter II

- Provides clarification on the appeal process.

Amendments to Chapter IV

- Provides clarification on requirements and service limits for Community Mental Health Rehabilitative Service programs.

Amendments to Chapter V

- Provides information on assessment billing.
- Provides clarification on special billing issues.

Amendments to Chapter VI

- Provides clarification on the utilization review process.
- Provides clarification on change to the annual year, service limits, and cut back or denial of payment.

Amendments to Appendix C

- Provides clarification on the prior authorization process for Intensive In-Home services.

- Provides clarification on the prior authorization process for Level A & B residential programs.
- Provides clarification on the prior authorization process for Intensive Community Service.
- Provides clarification on the prior authorization process for Psychosocial Rehabilitation.
- Provides clarification on the prior authorization process for Mental Health Support.
- Provides clarification on the prior authorization process for Mental Health Case Management.
- Provides clarification on the prior authorization process for Therapeutic Day Treatment.
- Provides clarification on the prior authorization process Day Treatment / Partial Hospitalization.

Please review these changes carefully.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper remittance advices will be applied to paper requests, effective July 1, 2009.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. For more information on the services that are offered contact the vendors:

Passport Health Communications, Inc.

www.passporthealth.com

sales@passporthealth.com

Telephone #: (888) 661-5657

SIEMENS Medical Solutions – Health Services

Foundation Enterprise Systems/HDX

www.hdx.com

Telephone #: (610) 219-2322

Emdeon

www.emdeon.com

Telephone #: (877) 363-3666

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (1)

**COMMUNITY MENTAL HEALTH REHABILITATIVE SERVICES
PROVIDER MANUAL**

**REVISION CHART
July 1, 2009**

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Chapter II	Chapter II		Entire Chapter	7/1/2009
Chapter IV	Chapter IV		Entire Chapter	7/1/2009
Chapter V	Chapter V		Entire Chapter	7/1/2009
Chapter VI	Chapter VI		Entire Chapter	7/1/2009
Appendix C	Appendix C		Entire Appendix	7/1/2009

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Chapter II	Old Chapter II	New Chapter II	
Chapter IV	Old Chapter IV	New Chapter IV	
Chapter V	Old Chapter V	New Chapter V	
Chapter VI	Old Chapter VI	New Chapter VI	
Appendix C	Old Appendix C	New Appendix C	