



Department of Medical Assistance Services
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<http://www.dmas.virginia.gov>

MEDICAID BULLETIN

TO: Providers of Home and Community Based Services Waivers (HCBS) and Early Periodic Screening, and Diagnosis and Treatment (EPSDT) services participating in Virginia Medical Assistance Programs and Medicaid Managed Care Organizations (MCOs)

FROM: Karen Kimsey, Director
Department of Medical Assistance Services (DMAS)

DATE:
10/6/2021

SUBJECT: Temporary Home and Community Based Services (HCBS) rate update effective July 1, 2021

The purpose of this bulletin is to inform you of a temporary 12.5% rate increase for select HCBS services in accordance with the Acts of Assembly, 2021 Special Session II, Item E.1. HCBS includes specific waiver services, behavioral health services, home health services, Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) services, and other services in compliance with CMS guidance. A list of eligible procedure and revenue codes for the temporary rate increase are in the table below. The temporary rate increase is not applicable to school services, any customized rates, inpatient services, and rates paid under individual consideration. All services billed for using the procedure and revenue codes listed in the table below are eligible for the 12.5% temporary rate increase for dates of service on or after July 1, 2021 through June 30, 2022. **This change will be effective October 8, 2021 for claims billed on or after this date.** For claims billed and adjudicated prior to this date, please refer to the "Retrospective Claims" section within this document. Agency-directed and consumer-directed personal care, respite, and companion services will receive the temporary HCBS rate increase until December 31, 2021, when a 12.5% permanent rate increase will be implemented. This action is in accordance with the 2021 Appropriations Act as amended in the Virginia General Assembly Special Session II.

Managed Care Organizations (MCO) and Behavioral Health Services Administrator (BHSA) Magellan will implement these changes on a prospective basis by October 22nd, 2021. This means that claims with dates of service on or after October 22 will include the increase. See "Retrospective Claims" for claims billed and adjudicated prior to this date.

BILLING CODES							
Procedure Codes							Revenue Codes
90839	0373T*	H0024	H2015	S5126	T1003	T2013	421
90840	G0151	H0025	H2016	S5135	T1005	T2021	424
97139	G0152	H0031	H2017	S5136	T1012	T2022	431
97150	G0153	H0032	H2018*	S5150	T1015	T2023	434
97151*	G0493	H0035	H2019*	S9123	T1016	T2024	441
97152*	G0494	H0036*	H2020	S9124	T1017	T2032	444
97153*	G0495	H0038	H2022	S9125	T1019	T2033	550
97154*	G9012	H0039	H2023	S9445	T1020	T2034*	551
97155*	H0004	H0040	H2024	S9480	T1023		559
97156*	H0005	H0043	H2025	S9482*	T1024		571
97157*	H0006	H0046	H2033*	S9484*	T1026		
97158*	H0014	H2000	S0201	S9485*	T1027		
97530	H0015	H2011*	S5102	T1000	T1028		
99509	H0020	H2012	S5109	T1001	T1030		
0362T*	H0023	H2014	S5116	T1002	T1031		

Procedure codes marked with an asterisk (*) have services and rates that will be effective December 1, 2021. Rates, rate increases, and specific procedure codes effective December 1, 2021 are subject to change. Existing services and service rates listed in the table above are subject to claims payment processing procedures and may not result in increased payments when not used for HCBS as outlined by federal and state guidance.

Retrospective Claims

The Department of Medical Assistance Services (DMAS) is working with our partners at the Centers for Medicare & Medicaid Services (CMS), the MCOs, Behavioral Health Services Administrator (BHSA) Magellan, and other State vendors to determine options for the State to adjust previously billed and adjudicated claims with dates of services between July 1, 2021 and October 7, 2021. The State is seeking options to alleviate provider burden and will share subsequent information in a bulletin once federal guidance has been obtained.

Temporary HCBS Rate Update

New rates will be posted on the DMAS website at the following locations:

- Waiver rates can be found at <https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/> under “CCC Plus Waiver Rates” and “Developmental Disabilities Waiver Rates”.
- Behavioral health and ARTS rates are posted at <https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/information-and-provider-map/> under the “ARTS and Behavioral Health HCBS Rate Increases” link.

Mental Health service rates can be found at: <https://www.dmas.virginia.gov/for->

[providers/behavioral-health/](#)

- Home Health rates can be found at <https://www.dmas.virginia.gov/for-providers/rate-setting/> under “Home Health”.
- Service rates that are not published under a specific program or waiver rate sheet can be checked by using our code search webpage at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/>. Procedure codes that start with a number can use our “Search CPT codes” function. Procedure codes that start with a letter need to be searched manually in our “HCPC Codes” file.
- DMAS COVID-19 Response information can be found at <https://www.dmas.virginia.gov/covid-19-response/>

Temporary HCBS Rate Increase

This bulletin serves as the official notification that the temporary rates are posted on the DMAS website at <http://www.dmas.virginia.gov/>. Please use the contact information listed below if you have any questions or concerns.

HCBS Services:		
CCC Plus Waiver Claims	Virginia Medicaid Provider Helpline	Phone (Toll Free) - 800-552-8627 Phone (In State) - 804-786-6273
DD Waiver Claims	Virginia Medicaid Provider Helpline	Phone (Toll Free) - 800-552-8627 Phone (In State) - 804-786-6273

MCO Claims:		
CCC Plus	DMAS Website <i>MCO Directories by Region</i> (Claims Contact)	https://dmas.virginia.gov/for-providers/managed-care/ccc-plus/provider-resources/

MCO Claims:		
Medallion 4.0	Aetna	Claims Inquiry Claims Research (CICR) team 1-800-279-1878 <i>Select the appropriate prompt for all other Claims issues.</i>
	Anthem	Brandon Hutchins-757-272-2593 brandon.hutchins@anthem.com
	Molina	DMAS Website

MCO Claims:	
	https://dmas.virginia.gov/for-providers/managed-care/ccc-plus/provider-resources/
Optima	Provider Services Department https://www.optimahealth.com/providers/frequently-asked-questions https://www.optimahealth.com/documents/provider-orientation/012-orientation-key-contacts.pdf
United	Tamara (Tami) Sink +1(952) 406-5037 va_hcbs_pr@uhc.com
Virginia Premier	Claims Customer Service Main Toll-Free Number: 877-719-7358 Escalation: Contact your dedicated Provider Relations Representative or email the complete detail to contactmyrep@virginiapremier.com

Medicaid Expansion Eligibility Verification

Medicaid coverage for the new expansion adult group began January 1, 2019. Providers may use the Virginia Medicaid Web Portal and the Medicall audio response systems, as shown in the table below, to verify Medicaid eligibility and managed care enrollment, including for the new adult group. In the Virginia Medicaid Web Portal, individuals eligible in the Medicaid expansion covered group are shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the “MED4” (Medallion 4.0) or “CCCP” (CCC Plus) managed care enrollment segment. Eligibility and managed care enrollment information is also available through the DMAS Medicall eligibility verification system. Additional Medicaid expansion resources for providers are available on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

<u>PROVIDER CONTACT INFORMATION & RESOURCES</u>	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://providerportal.kepro.com
Managed Care Programs	

<p>Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and the Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p>Medallion 4.0 Managed Care Program</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus Managed Care Program</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE Program</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>
<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
