

**Department of Medical Assistance Services
12.5% HCBS Rate Increase
Provider FAQ
October 13, 2021**

1. What services are included in the temporary 12.5% rate increase?

The temporary 12.5% rate increase for select Home and Community Based Services includes specific waiver services; behavioral health services; home health services; Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) services; and other services in compliance with guidance from the Centers for Medicare and Medicaid Services (CMS).

Eligible procedure and revenue codes for the temporary rate increase are in the following table.

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.

2. What is the effective date of the rate increase?

This change will be effective October 8, 2021, for fee-for-service claims billed on or after this date. Managed Care Organizations (MCO) and BHSA Magellan (for Behavioral Health Fee for Service) will implement these changes on a prospective basis by October 22, 2021.

3. What dates of service are eligible for the rate increase?

The 12.5% temporary rate increase is for dates of service on or after July 1, 2021, through June 30, 2022.

4. Which services do not receive a rate increase?

Rate increases for physician services, school health/LEA services, customized rates, inpatient services and individual consideration rates are excluded from the temporary rate increase.

5. How will claims with dates of service prior to October 8, 2021, be processed?

The Department of Medical Assistance Services (DMAS) is working with our partners at CMS, the MCOs, BHSA Magellan, and other state vendors to determine options for the state to adjust previously billed and adjudicated claims with dates of service between July 1, 2021, and October 7, 2021. The state is seeking options to reduce the burden on providers as they navigate this process. Virginia Medicaid will provide additional information via memo once the agency receives federal guidance.

6. Are there place of service restrictions?

The only place of service restriction is for services provided in an institutional setting.

7. Will my specific claim be eligible for the 12.5% rate increase?

DMAS cannot guarantee payment for any specific claim due to occasional retroactive member and provider eligibility changes. Please bill according to national billing guidelines. Once the claim is adjudicated, if you do not receive the 12.5% increase and believe you should have, please contact the DMAS or MCO provider helplines listed below to resolve any claims errors before initiating the customary Medicaid appeals process.

Provider Questions?

Please use the contact information below for your claims related questions:

FFS Behavioral Health Claims:		
BHSA	Magellan of Virginia	VAProviderQuestions@magellanhealth.com

FFS 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

All MCO BH and HCBS 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/
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 https://dmas.virginia.gov/for-providers/managed-care/ccp-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