

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR  
REMEDIAL CARE NOT COVERED UNDER MEDICAID**


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Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered Under Medicaid.

A. The Department of Medical Assistance Services (DMAS) meets the requirements of 42 C.F.R. §435.733 and §435.832 and §1924 of the Social Security Act, in that DMAS will deduct amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including medically necessary or remedial care recognized under State law but not covered under the State's Medicaid plan subject to reasonable limits.

B. All medical or remedial goods and services not subject to payment by a third party and not reimbursed by Medicaid but recognized under State law, must be medically necessary as determined by the attending provider and prescribed or ordered by a physician, dentist, podiatrist or other practitioner with prescribing authority pursuant to Virginia law.

C. For medical and remedial goods and services costing more than \$500, the maximum amount that may be deducted from the patient's income shall be the lower of:

1. the Medicaid rate for the same items or services, or, if there is no Medicaid rate, 80% of the Medicare rate for the same items or services; or
2. the provider's usual and customary charge; or
3. the provider's billed amount.

D. Claims for incurred medical or remedial care expenses must be submitted to DMAS or its designee within 90 calendar days after the invoice date.

E. No deductions shall be permitted for medical or remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period.

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