



Last Updated: 11/06/2023

Expanded Coverage of Preventive Services Available to Medicaid Adults

The purpose of this bulletin is to inform providers that, as of July 1, 2022, the Department of Medical Assistance Services (DMAS) and its managed care organizations (MCOs) provide coverage for evidence-based, preventive services to all full-benefit, Medicaid adult populations in accordance with Item 304.EEEE of the 2022 Virginia Appropriations Act. The preventive services include adult wellness exams, preventive screenings and immunizations. DMAS will update its provider manuals to reflect coverage for adult preventive services as described in this bulletin.

Historical Coverage of Preventive Services for Adults

Historically, coverage for preventive services has been available to all Medicaid and Family Access to Medical Insurance Security (FAMIS) children and to Medicaid expansion adults. In addition, MCOs have offered coverage for many preventive services as enhanced benefits to adults in all eligibility categories to ensure consistency and to support overall wellness goals. The state budget that took effect July 1, 2022, establishes preventive services as standard Medicaid benefits, ensuring that all full benefit adult Medicaid members have equitable access to preventive care.

Scope of Coverage

- Coverage for preventive services through fee-for-service (FFS) and the Medicaid MCOs includes the following types of preventive services:
- Adult wellness exams
- Individual and group smoking cessation and alcohol counseling
- Vaccines, including tetanus and diphtheria, shingles, hepatitis A and B, influenza, and human papilloma virus
- Mammography, prostate and other cancer screenings
- Sexually transmitted disease screenings
- Depression screenings
- Type 2 diabetes screenings and Blood pressure and cholesterol screenings.

The scope of coverage for preventive services aligns with the Affordable Care Act (ACA) standards, which specify that preventive care for adults be consistent with the following:

- a. Services that have in effect a rating of "A" or "B" in the current recommendations of the [U.S. Preventive Services Task Force](#) (USPSTF);
- b. Immunizations recommended by the [Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention](#); and,
- c. [Women's preventive health care](#) per current Health Resources and Services Administration (HRSA) guidelines.

The [Healthcare.gov](#) website provides a detailed list of the specific preventive services covered, per



current recommendations described in subsections a-c above.

Service Authorization and Billing

Preventive services provided through either FFS or the MCOs do not require service authorization. Members do not have any patient copay obligations for these services. Providers should bill for preventive services using the most appropriate procedure codes (Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS)).

Member Communications

We urge providers to inform members about Medicaid coverage for adult preventive benefits, including the importance of getting regular check-ups, preventive screenings and immunizations.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	https://vamedicaid.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://dmas.kepro.com/
Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and 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.	
Medallion 4.0	http://www.dmas.virginia.gov/
CCC Plus	http://www.dmas.virginia.gov
PACE	http://www.dmas.virginia.gov



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MEDICAID BULLETIN

Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for- service members.	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
Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com