



Last Updated: 11/27/2023

## Coverage of Collaborative Care Management (CoCM) Services

The purpose of this bulletin is to notify providers that, in accordance with the 2023 Special Session, Item 304.AAAAA, DMAS will cover Collaborative Care Management (CoCM) services effective January 1, 2024 through the following Current Procedural Terminology (CPT) codes:

Code	Short Description
99492	Initial psychiatric collaborative care management - first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional
99493	Subsequent psychiatric collaborative care management - first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant and directed by the treating physician or other qualified health care professional
99494	Initial or subsequent psychiatric collaborative care management - each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant and directed by the treating physician or other qualified health care professional

CoCM is an evidence-based model of integrated care designed to treat common behavioral health conditions such as depression, anxiety, post-traumatic stress disorder (PTSD) and alcohol or substance use disorders in medical settings such as primary care. Information on the provision of CoCM is available on the Advancing Integrated Mental Health Solutions (AIMS) Center website [here](#). CoCM is billed monthly by the primary treating physician or nurse practitioner. Refer to DMAS' Practitioner Provider manual for general provider participation and billing requirements. Refer to the CPT manual for a description of Psychiatric CoCM and the full code descriptions for each of the covered CPT codes listed above.

DMAS will be issuing a separate notification when rates for the above CPT codes are available. Updates to rates are posted to the DMAS fee file at the following link: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/>.

Questions can be directed to the DMAS Behavioral Health Division at [enhancedbh@dmas.virginia.gov](mailto:enhancedbh@dmas.virginia.gov).

### **PROVIDER CONTACT INFORMATION & RESOURCES**



# MEDICAID BULLETIN

## 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

### Acentra Health

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

Cardinal Care Managed Care 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.

### Cardinal Care Managed Care

<https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/>

### PACE

<http://www.dmas.virginia.gov/#/longtermprograms>

### 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](http://www.MagellanHealth.com/Provider)  
[www.magellanofvirginia.com](http://www.magellanofvirginia.com), email: [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com)  
Call: 1-800-424-4046

## Provider Enrollment

In-State: 804-270-5105  
Out of State Toll Free: 888-829-5373  
Email: [VAMedicaidProviderEnrollment@gainwelltechnologies.com](mailto:VAMedicaidProviderEnrollment@gainwelltechnologies.com)

## 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



Department of Medical Assistance Services  
600 East Broad Street  
Suite 1300  
Richmond, VA 23219

<https://dmas.virginia.gov>

# MEDICAID BULLETIN

Aetna Better Health of Virginia	<a href="https://www.aetnabetterhealth.com/virginia/providers/index.html">https://www.aetnabetterhealth.com/virginia/providers/index.html</a> 1-800-279-1878
Anthem HealthKeepers Plus	<a href="http://www.anthem.com/">http://www.anthem.com/</a> 1-800-901-0020
Molina Complete Care	1-800-424-4524 <a href="https://www.molinahealthcare.com/providers/va/medicaid/home.aspx">https://www.molinahealthcare.com/providers/va/medicaid/home.aspx</a>
Sentara Family Care	1-800-643-2273
Optima Health United Healthcare	Optima Health 1-844-512-3172 <a href="http://www.uhcprovider.com/">www.uhcprovider.com/</a> 1-844-284-0149
<b>Dental Provider</b> DentaQuest	1-888-912-3456