Department of Medical Assistance Services
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Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 12/26/2023

Behavioral Health Service Rate Updates Effective January 1, 2024

The purpose of this bulletin is to inform providers that select Behavioral Health (BH) service rates will increase effective January 1, 2024.

In accordance with the 2023 Appropriation Act[1], the Department of Medical Assistance Services (DMAS) shall increase reimbursement rates by 10% for a set of specified behavioral health services (Items 304.VVVV.1 and 304.VVVV.2); further increase rates for two of those services (Item 304.WWWW.) and begin providing reimbursement for collaborative care management (Item 304.AAAAA.) Please see a list of applicable codes and rates as well as budget item references below.

CODE	SERVICE DESCRIPTION	CODE DESCRIPTION IN FEE FILE	IP/OP	100%[2] RATE EFFECTIVE 1/1/2024 (Physician)	TIERED RATE EFFECTIVE 1/1/2024 (Licensed Clinical Psychologist)	TIERED RATE EFFECTIVE 1/1/2024 (All Other Qualifying Licensed BH Provider Types)
Outpatient Psychotherapy Services						
90785	Interactive Complexity Add-on	PSYTX COMPLEX INTERACTIVE	IP	$14.95	90%	67.5%
90785	Interactive Complexity Add-on	PSYTX COMPLEX INTERACTIVE	OP	$16.86	90%	67.5%
90791	Psychiatric Diagnostic Evaluation	PSYCH DIAGNOSTIC EVALUATION	IP	$170.54	90%	67.5%
90791	Psychiatric Diagnostic Evaluation	PSYCH DIAGNOSTIC EVALUATION	OP	$197.75	90%	67.5%
90792	Psychiatric Diagnostic Evaluation with medical services	PSYCH DIAG EVAL W/MED SRVCS	IP	$194.68	n/a	n/a
90792	Psychiatric Diagnostic Evaluation with medical services	PSYCH DIAG EVAL W/MED SRVCS	OP	$222.28	n/a	n/a
90832	Psychotherapy with patient, 30 min	PSYTX W PT 30 MINUTES	IP	$75.12	90%	67.5%
90832	Psychotherapy with patient, 30 min	PSYTX W PT 30 MINUTES	OP	$85.46	90%	67.5%

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90833	Psychotherapy with patient, 30 min, w/E&M services	PSYTX W PT W E/M 30 MIN	IP	$70.14	n/a	n/a
90833	Psychotherapy with patient, 30 min, w/E&M services	PSYTX W PT W E/M 30 MIN	OP	$78.56	n/a	n/a
90834	Psychotherapy with patient, 45 min	PSYTX W PT 45 MINUTES	IP	$99.64	90%	67.5%
90834	Psychotherapy with patient, 45 min	PSYTX W PT 45 MINUTES	OP	$113.06	90%	67.5%
90836	Psychotherapy with patient, 45 min, w/E&M services	PSYTX W PT W E/M 45 MIN	IP	$88.91	n/a	n/a
90836	Psychotherapy with patient, 45 min, w/E&M services	PSYTX W PT W E/M 45 MIN	OP	$99.64	n/a	n/a
90837	Psychotherapy with patient, 60 min	PSYTX W PT 60 MINUTES	IP	$146.40	90%	67.5%
90837	Psychotherapy with patient, 60 min	PSYTX W PT 60 MINUTES	OP	$166.32	90%	67.5%
90838	Psychotherapy with patient, 60 min, w/E&M services	PSYTX W PT W E/M 60 MIN	IP	$118.04	n/a	n/a
90838	Psychotherapy with patient, 60 min, w/E&M services	PSYTX W PT W E/M 60 MIN	OP	$131.84	n/a	n/a
90839	Psychotherapy for crisis, first 60 min	PSYTX CRISIS INITIAL 60 MIN	IP	$139.96	90%	67.5%
90839	Psychotherapy for crisis, first 60 min	PSYTX CRISIS INITIAL 60 MIN	OP	$178.49	90%	67.5%
90840	Psychotherapy for crisis, additional 30 min	PSYTX CRISIS EA ADDL 30 MIN	IP	$66.36	90%	67.5%

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90840	Psychotherapy for crisis, additional 30 min	PSYTX CRISIS EA ADDL 30 MIN	OP	$84.52	90%	67.5%
90845	Psychoanalysis	PSYCHOANALYSIS	IP	$94.66	90%	67.5%
90845	Psychoanalysis	PSYCHOANALYSIS	OP	$106.92	90%	67.5%
90846	Family/Couples psychotherapy w/o patient present, 50 min	FAMILY PSYTX W/O PT 50 MIN	IP	$107.69	90%	67.5%
90846	Family/Couples psychotherapy w/o patient present, 50 min	FAMILY PSYTX W/O PT 50 MIN	OP	$108.08	90%	67.5%
90847	Family/Couples psychotherapy with patient present, 50 min	FAMILY PSYTX W/PT 50 MIN	IP	$112.29	90%	67.5%
90847	Family/Couples psychotherapy with patient present, 50 min	FAMILY PSYTX W/PT 50 MIN	OP	$112.67	90%	67.5%
90853	Group Psychotherapy	GROUP PSYCHOTHERAPY (OTHER THAN OF	IP	$26.44	90%	67.5%
90853	Group Psychotherapy	GROUP PSYCHOTHERAPY (OTHER THAN OF	OP	$30.27	90%	67.5%

CODE	SERVICE DESCRIPTION	CODE DESCRIPTION IN FEE FILE	MODIFIER	IP/OP	NEW RATE EFFECTIVE 1/1/24
Applicable Collaborative Care Management (CoCM) CPT Codes					
99492	Initial Psychiatric Collaborative Care Management	1st psyc collab care mgmt		IP	$95.46

CODE	SERVICE DESCRIPTION	CODE DESCRIPTION IN FEE FILE	MODIFIER	IP/OP	NEW RATE EFFECTIVE 1/1/24
99492	Initial Psychiatric Collaborative Care Management	1st psyc collab care mgmt		OP	$155.04
99493	Subsequent Psychiatric Collaborative Care Management	Sbsq psyc collab care mgmt		IP	$104.17
99493	Subsequent Psychiatric Collaborative Care Management	Sbsq psyc collab care mgmt		OP	$146.67
99494	Initial or Subsequent Psychiatric Collaborative Care Management	1st/sbsq psyc collab care		IP	$41.81
99494	Initial or Subsequent Psychiatric Collaborative Care Management	1st/sbsq psyc collab care		OP	$59.58
Applicable Mental Health Services					
H0031	Intensive In-Home Assessment	MENTAL HEALTH ASSESSMENT, BY NON-PH		OP	$74.25
H0032	Psychosocial Rehab Assessment	MENTAL HEALTH SERVICE PLAN DEVELOPM	U6	OP	$29.99
H0032	Therapeutic Day Treatment Assessment	MENTAL HEALTH SERVICE PLAN DEVELOPM	U7	OP	$45.21
H0032	Mental Health Skill-Building Assessment (Rural)	MENTAL HEALTH SERVICE PLAN DEVELOPM	U8	OP	$102.72
H0032	Mental Health Skill-Building Assessment (Urban)	MENTAL HEALTH SERVICE PLAN DEVELOPM	U8	OP	$112.62

CODE	SERVICE DESCRIPTION	CODE DESCRIPTION IN FEE FILE	MODIFIER	IP/OP	NEW RATE EFFECTIVE 1/1/24
H0035	Mental Health Partial Hospitalization Program (MH-PHP) Community Based Clinic Program, - per diem	MENTAL HEALTH PARTIAL HOSPITALIZATI		OP	$500.00
H0035	Mental Health Partial Hospitalization Program (MH-PHP) Hospital Based Mental Health Program - per diem	MENTAL HEALTH PARTIAL HOSPITALIZATI		OP	$500.00
H0036	Functional Family Therapy (Bachelor New Team)	COMMUNITY PSYCHIATRIC SUPPORTIVE TR	HK & HN	OP	$50.40
H0036	Functional Family Therapy (Master New Team)	COMMUNITY PSYCHIATRIC SUPPORTIVE TR	HK & HO	OP	$54.66
H0036	Functional Family Therapy (Bachelor Established Team)	COMMUNITY PSYCHIATRIC SUPPORTIVE TR	HN	OP	$42.21
H0036	Functional Family Therapy (Master Established Team)	COMMUNITY PSYCHIATRIC SUPPORTIVE TR	HO	OP	$46.13
H0040	Assertive Community Treatment (Large Team)	ASSERTIVE COMMUNITY TREATMENT PROGR		OP	$196.64
H0040	Assertive Community Treatment (Medium Team)	ASSERTIVE COMMUNITY TREATMENT PROGR	U1	OP	$209.55
H0040	Assertive Community Treatment (Small Team)	ASSERTIVE COMMUNITY TREATMENT PROGR	U2	OP	$241.56
H0040	Assertive Community Treatment (Large Team - High Fidelity)	ASSERTIVE COMMUNITY TREATMENT PROGR	U3	OP	$235.22
H0040	Assertive Community Treatment (Medium Team - High Fidelity)	ASSERTIVE COMMUNITY TREATMENT PROGR	U4	OP	$255.72

CODE	SERVICE DESCRIPTION	CODE DESCRIPTION IN FEE FILE	MODIFIER	IP/OP	NEW RATE EFFECTIVE 1/1/24
H0040	Assertive Community Treatment (Small Team - High Fidelity)	ASSERTIVE COMMUNITY TREATMENT PROGR	U5	OP	$303.55
H0046	Mental Health Skill Building, Urban	MENTAL HEALTH SERVICES, NOT OTHERWI		OP	$112.62
H0046	Mental Health Skill Building, Rural	MENTAL HEALTH SERVICES, NOT OTHERWI		OP	$102.72
H2011	Mobile Crisis Response	CRISIS INTERVEN SVC, 15 MIN	HO	OP	$78.19
H2011	Mobile Crisis Response	CRISIS INTERVEN SVC, 15 MIN	32	OP	$78.19
H2011	Mobile Crisis Response	CRISIS INTERVEN SVC, 15 MIN	HK	OP	$78.19
H2011	Mobile Crisis Response	CRISIS INTERVEN SVC, 15 MIN	HT & HM	OP	$125.24
H2011	Mobile Crisis Response	CRISIS INTERVEN SVC, 15 MIN	HT & HO	OP	$133.66
H2011	Mobile Crisis Response	CRISIS INTERVEN SVC, 15 MIN	HT & HN	OP	$136.70
H2011	Mobile Crisis Response	CRISIS INTERVEN SVC, 15 MIN	HT	OP	$145.12
H2012	Intensive In-Home Services	BEHAV HLTH DAY TREAT, PER HR		OP	$74.25
H2016	Therapeutic Day Treatment	COMP COMM SUPP SVC		OP	$45.21
H2016	Therapeutic Day Treatment	COMP COMM SUPP SVC	UG	OP	$45.21
H2016	Therapeutic Day Treatment	COMP COMM SUPP SVC	U7	OP	$45.21
H2017	Psychosocial Rehabilitation Services	PSYSOC REHAB SVC, PER		OP	$29.99

CODE	SERVICE DESCRIPTION	CODE DESCRIPTION IN FEE FILE	MODIFIER	IP/OP	NEW RATE EFFECTIVE 1/1/24
H2018	Residential Crisis Stabilization Unit (RCSU)	PSYSOC REHAB SVC, PER DIEM		OP	$847.04
H2018	Residential Crisis Stabilization Unit (RCSU)	PSYSOC REHAB SVC, PER DIEM	32	OP	$847.04
H2018	Residential Crisis Stabilization Unit (RCSU)	PSYSOC REHAB SVC, PER DIEM	HK	OP	$847.04
H2033	Multisystemic Therapy (Bachelor New Team)	MULTISYS THER/JUVENILE 15MIN	HK & HN	OP	$63.12
H2033	Multisystemic Therapy (Master New Team)	MULTISYS THER/JUVENILE 15MIN	HK & HO	OP	$68.10
H2033	Multisystemic Therapy (Bachelor Established Team)	MULTISYS THER/JUVENILE 15MIN	HN	OP	$56.96
H2033	Multisystemic Therapy (Master Established Team)	MULTISYS THER/JUVENILE 15MIN	HO	OP	$61.83
S9480	Mental Health Intensive Outpatient	INTENSIVE OUTPATIENT PSYCHIATRIC SE		OP	$250.00
S9480	Mental Health Intensive Outpatient (with occupational therapy)	INTENSIVE OUTPATIENT PSYCHIATRIC SE	GO	OP	$250.00
S9482	Community Stabilization	FAMILY STABILIZATION 15 MIN	HN	OP	$44.25
S9482	Community Stabilization	FAMILY STABILIZATION 15 MIN	HO	OP	$53.13
S9482	Community Stabilization	FAMILY STABILIZATION 15 MIN	HT & HM	OP	$82.35
S9482	Community Stabilization	FAMILY STABILIZATION 15 MIN	HT	OP	$94.41
S9485	23-Hour Crisis Stabilization	CRISIS INTERVENTION MENTAL HEALTH S		OP	$1,012.07

CODE	SERVICE DESCRIPTION	CODE DESCRIPTION IN FEE FILE	MODIFIER	IP/OP	NEW RATE EFFECTIVE 1/1/24
S9485	23-Hour Crisis Stabilization	CRISIS INTERVENTION MENTAL HEALTH S	32	OP	$1,012.07
S9485	23-Hour Crisis Stabilization	CRISIS INTERVENTION MENTAL HEALTH S	HK	OP	$1,012.07
Peer Recovery Support Services					
T1012	Peer Support Services – Individual (Substance Use Disorder)	ALCOHOL AND/OR SUBSTANCE ABUSE SERV		OP	$14.30
S9445	Peer Support Services – Group (Substance Use Disorder)	PATIENT EDUCATION, NOT OTHERWISE CL		OP	$5.94
H0024	Peer Support Services – Individual (Mental Health)	BEHAVIORAL HEALTH PREVENTION INFORM		OP	$14.30
H0025	Peer Support Services – Group (Mental Health)	BEHAVIORAL HEALTH PREVENTION EDUCAT		OP	$5.94

Budget Language Reference:

VVVV.1: "Effective January 1, 2024, the Department of Medical Assistance Services shall increase rates by 10 percent for the following Medicaid-funded community-based services: Intensive In-Home, Mental Health Skill Building, Psychosocial Rehabilitation, Therapeutic Day Treatment, Outpatient Psychotherapy, Peer Recovery Support Services -- Mental Health."

VVVV.2: "Effective January 1, 2024, the Department of Medical Assistance Services shall increase rates by 10 percent for the following Medicaid-funded community-based services: Comprehensive Crisis Services (which include 23-hour Crisis Stabilization, Community Stabilization, Crisis Intervention, Mobile Crisis Response, and Residential Crisis Stabilization), Assertive Community Treatment, Mental Health - Intensive Outpatient, Mental Health - Partial Hospitalization, Family Functional Therapy and Multisystemic Therapy."

WWWW: "The Department of Medical Assistance Services shall increase the rates for mental health partial hospitalization from a per diem rate of $250.62 to $500.00 and shall increase the rate for mental health intensive outpatient programs from a per diem of $159.20 to $250.00.

The department shall have the authority to implement this reimbursement change effective January 1, 2024, and prior to the completion of any regulatory process undertaken in order to effect such change."

AAAAA: "Effective January 1, 2024, the Department of Medical Assistance Services shall have the authority to amend the State Plan under Title XIX of the Social Security Act to provide reimbursement for the provision of behavioral health services that are classified by a Current Procedural Terminology code as collaborative care management services."

These rates apply to behavioral health program services included in Items 304.VVVV.1, 304.VVVV.2, 304.WWWW, and 304.AAAAA of the 2023 Appropriation Act only. Services and rates are subject to claims payment processing procedures which may result in different reimbursement according to billing practices and program participation. All claims are subject to post payment review.

Behavioral Health Rates Effective January 1, 2024

This memo serves as the official notification that behavioral health rates effective January 1, 2024 will be posted to the DMAS website at Procedure Fee Files & CPT Codes | DMAS - Department of Medical Assistance Services (virginia.gov). If you have any questions about this memo please call the provider helpline at 800-552-8627.

Appeals Information

If you believe an error was made for payment rates or totals, you can file an appeal. The appeal must be filed with the DMAS Appeals Division through one of the following methods:

- Through the Appeals Information Management System at **https://www.dmas.virginia.gov/appeals/**. From there you can fill out an informal appeal request, submit documentation, and follow the process of your appeal.
- Through mail, email, or fax. You can download a Medicaid Provider Appeal Request form at **https://www.dmas.virginia.gov/appeals/**. You can use that form or a letter to file the informal appeal. The appeal request must identify the issues being appealed. The request can be submitted by:
  - Mail or delivery to: Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219;
  - Email to **appeals@dmas.virginia.gov**; or
  - Fax to (804) 452-5454

The appeal must be received by the DMAS Appeals Division within 30 days of the payment rate or total being published by DMAS. The notice of appeal is considered filed when it is date stamped by the DMAS Appeals Division. The normal business hours of DMAS are from 8:00 a.m. through 5:00 p.m. on dates when DMAS is open for business. Documents received after 5:00 p.m. on the deadline date shall be untimely.

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[1] Items 304.VVVV.1, 304.VVVV.2, 304.WWWW, and 304.AAAAA

[2] 12VAC30-80-30

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
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
Acentra Health Behavioral Health Services	https://dmas.kepro.com/
Provider Enrollment	In-State: 804-270-5105 Out of State Toll Free: 888-829-5373 Email: 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
Aetna Better Health of Virginia	https://www.aetnabetterhealth.com/virginia/providers/index.html 1-800-279-1878
Anthem HealthKeepers Plus	http://www.anthem.com/ 1-800-901-0020
Molina Complete Care	1-800-424-4524 https://www.molinahealthcare.com/providers/va/medicaid/home.aspx
Sentara Community Plan	1-800-881-2166 https://www.sentarahealthplans.com/providers
United Healthcare	www.uhcprovider.com/ 1-844-284-0149
Dental Provider DentaQuest	1-888-912-3456