



Last Updated: 07/31/2025

Maternal Health Bills and Budget Items Effective July 1, 2025

The purpose of this bulletin is to address the following maternal health bills and budget items from the 2025 Virginia General Assembly session regarding: Doula Visits, Remote Patient Monitoring, Midwife Parity, and Dental Visits.

Doula Visits

Medicaid postpartum doula visits

Community-based Doulas or “Doulas” are individuals based in the community who offer a broad set of non-clinical pregnancy-related services centered on continuous support throughout pregnancy and in the postpartum period. Like other community health workers, Doulas provide culturally congruent support to pregnant and postpartum individuals through their grounding within the unique cultures, languages, and value systems of the populations they serve.

Key Update: Expansion of Postpartum Doula Visits

The Department of Medical Assistance Services (DMAS) has increased the number of Medicaid **postpartum doula visits** from four to six and availability from six months postpartum to 12 months postpartum. This new implementation is in accordance with HB 1614 and SB 1418 of the 2025 General Assembly.

Postpartum Service Visit Requirements:

- Visits must be conducted no earlier than the date of delivery.
- Visits must be completed no later than twelve (12) months after the date of delivery.
- Up to six (6) postpartum visits may be billed per Medicaid recipient.
- Providers can bill CPT code 59430 with the HD modifier. Services must include the diagnosis code Z32.2, encounter for childbirth instruction.

Remote Patient Monitoring

Remote patient monitoring

The telehealth supplement of the Practitioner manual currently addresses remote patient monitoring (RPM). RPM involves the collection and transmission of personal health information from a member in one location to a provider in a different location for the



purposes of monitoring and management. Under fee-for-service, DMAS reimburses RPM services (physiologic monitoring, therapeutic monitoring and self-measured blood pressure) for members in five populations including high-risk pregnant women. Providers must have had one visit with the member in the previous 12 months and submit their requests for RPM using the DMAS-P268 form 30 days prior to the scheduled date of initiation of services. If approved, RPM services are authorized for six months with the option for one additional six-month authorization.

Key update:

[HB1976](#) passed by the 2025 Virginia General Assembly, directs DMAS to amend its regulations, guidance, and provider manuals as necessary to clarify that remote patient monitoring services for high-risk pregnant patients include pregnant patients with maternal diabetes and maternal hypertension.

The DMAS-P268 form identifies the authorization criteria for RPM services and defines a high-risk pregnant patient as a member that a) resides in a primary care or mental health professional shortage area as defined by the Health Resources and Services Administration, b) has a chronic health condition (including pregestational/ gestational diabetes and pregestational/ gestational hypertension), or c) has a history of preeclampsia, gestational hypertension, and/or gestational diabetes.

Remote patient monitoring for members in managed care

For members enrolled in managed care, section 5.16 of the Cardinal Care managed care contract states coverage for remote patient monitoring in a manner that is “no more restrictive than and is at least equal in amount, duration, and scope as is available through the Cardinal Care fee-for-service population.”

Reimbursement for Services Provided by a Licensed Midwife

In accordance with Item 288.PPPPP of the 2025 Appropriation Act, DMAS will ensure the reimbursement for a service provided by a licensed certified midwife or licensed midwife shall be in the same amount as the Medicaid reimbursement paid to a licensed physician or certified nurse midwife, whichever is higher, for performing such service in the area served.

Dental Visits

DMAS implemented a dental benefit for pregnant members in 2015. Currently, pregnant members are eligible for three prophylactic visits annually, and there is no limit on dental visits. The three prophylactic visits can be exceeded with medical necessity.



[HB 2539](#) passed by the 2025 General Assembly codifies this existing benefit to include preventive, diagnostic, restorative, and periodontal care and ensures availability for at least four dental visits per pregnancy.

For additional questions regarding dental benefits, please contact DMAS' dental contractor, DentaQuest.

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the [MCO Provider Network Resources webpage](#) and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

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

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

PACE

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

[Program of All-inclusive Care \(virginia.gov\)](#)



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

<https://dmas.virginia.gov>

MEDICAID BULLETIN

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

Humana Healthy Horizons

Provider Services Call Center

1-844-881-4482 (TTY: 711)
<https://provider.humana.com/medicaid/virginia-medicaid>

Sentara Community Plan

United Healthcare

1-800-881-2166 <https://www.sentarahealthplans.com/providers>
www.uhcprovider.com/
1-844-284-0146

Acentra Health

Behavioral Health and Medical Service Authorizations

<https://vamedicaid.dmas.virginia.gov/sa>
1-804-622-8900

Dental Provider

DentaQuest

1-888-912-3456

Fee-for-Service (POS)

Prime Therapeutics
<https://www.virginiamedicaidpharmcyservices.com/>
1-800-932-6648