



Last Updated: 09/30/2025

Telehealth Services Update

The purpose of this bulletin is to notify providers of several updates to coverage for telehealth services. The Telehealth Services Supplement will be updated to reflect the following changes:

- Clarification of coverage for remote patient monitoring services for high-risk pregnant patients, including pregnant patients with maternal diabetes and maternal hypertension in compliance with the 2025 Acts of Assembly Chapter (House Bill 1976).
- Clarification of coverage for remote patient monitoring services for patients with chronic or acute health conditions.
- Clarification of provider requirements in compliance with the 2023 Acts of Assembly (HB 1602, SB 1418)
 - Licensed health care providers who provide health care services exclusively through telemedicine are not required to maintain a physical presence in the Commonwealth to be considered an eligible provider for enrollment as a Virginia Medicaid provider.
 - Telemedicine services rendered by provider groups with licensed health care providers are not required to have an in-state service address to be eligible to enroll as a Virginia Medicaid vendor or Medicaid provider group.
- Updates made to the Reimbursable Telehealth Services Tables 1-8, to reflect that coverage is available for the following codes:
 - Table 1, Medicaid-covered medical services authorized for delivery by telemedicine.
 - **CPT Code 96041 - Genetic Counseling**
 - Table 5, Medicaid-covered services authorized for delivery via remote patient monitoring.



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- **CPT Code 95249** - Ambulatory continuous glucose monitoring (CGM) when patient provided equipment is used (bill 1x per device).
- **CPT Code 95250** -Ambulatory CGM equipment, setup, training, data collection, and reporting (bill 1x per month) the
- **CPT Code 95251** - Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report. (bill 1x per month)
- Table 6, Virtual Check-In Services.
 - **CPT Code 98016** - Virtual check-in, Evaluation and Management E&M-eligible providers, 5-10 mins
- Table 7, Medicaid-covered services authorized for delivery by audio-only telehealth (do not require 93 modifier) Service
 - **CPT Code 98008** - New patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 15 minutes or more
 - **CPT Code 98009** - New patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more
 - **CPT Code 98010** - New patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 45 minutes or more
 - **CPT Code 98011** - New patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 60 minutes or more
 - **CPT Code 98012** - Established patient synchronous audio-only visit with straightforward medical decision making and 10



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minutes or more of medical discussion, if using time 10 minutes or more

- **CPT Code 98013** - Established patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more
- **CPT Code 98014** - Established patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more
- **CPT Code 98015** - Established patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 40 minutes or more
- Table 8, Table 8. Synchronous Audio-Video (codes do not require 93 modifier)
 - **CPT Code 98000** - New patient synchronous audio-video visit with straightforward medical decision making, if using time 15 minutes or more
 - **CPT Code 98001** - New patient synchronous audio-video visit with low medical decision making, if using time 30 minutes or more
 - **CPT Code 98002** - New patient synchronous audio-video visit with moderate medical decision making, if using time 45 minutes or more
 - **CPT Code 98003** - New patient synchronous audio-video visit with high medical decision making, if using time 60 minutes or more
 - **CPT Code 98004** - Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more



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- **CPT Code 98005** - Established patient synchronous audio-video visit with low medical decision making, if using time 20 minutes or more
- **CPT Code 98006** - Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more
- **CPT Code 98007** - Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more

Providers may also bill telehealth eligible CPT codes with the appropriate modifiers.

Please see below for contact information for any questions.

To avoid disruption of claims payment through fee-for-service (FFS) and the managed care organizations (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 \(virginia.gov\)](https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program%20of%20All-inclusive%20Care%20(virginia.gov))

In-State: 804-270-5105

Provider Enrollment

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

1-844-881-4482 (TTY: 711)

<https://provider.humana.com/medicaid/virginia-medicaid>

Provider Services Call Center

Sentara Community Plan

1-800-881-2166 <https://www.sentarahealthplans.com/providers>

United Healthcare

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.virginiamedicaidpharmacyservices.com/>

1-800-932-6648



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

<https://dmas.virginia.gov>

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