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

https://dmas.virginia.gov

MEDICAID BULLETIN

**Last Updated: 08/13/2026**

# Physician Administered Drug Procedure Code Rates Effective July 1, 2026

The purpose of this bulletin is to notify providers that effective July 1, 2026, the rates for Physician Administered Drug procedure codes are updated in accordance with 12 VAC 30-80-40.

Procedure code rates may be found on the DMAS website at https://dmas.virginia.gov/for-providers/rates-and-rate-setting/ in the Procedure Fee Files & CPT Codes section.

If you have any questions regarding rates, please call the provider helpline at 800-552-8627.

DMAS and its Managed Care Organization (MCO) partners are diligently working on the implementation of new provider rates set forth in the 2026 Appropriation Act. As these rates are legislatively mandated and will be incorporated into the FY2027 Cardinal Care Managed Care CCMC capitation rates, MCOs are required to increase their reimbursement to providers at the same percentage increase as reflected in the revised FFS rates. The MCOs may need 30-60 days from when rates are posted to finish updating their systems with the new FY2027 rates. The MCOs will automatically reprocess any claims that paid using old rates within approximately 30 days after they finish updating their systems to the new rates. DMAS will automatically reprocess fee-for-service claims once the system is updated with the new rates.

Currently, providers have the option to bill MCOs immediately under old rates or delay billing until FY2027 rates are updated by the MCOs.

**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.

***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**

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| **Virginia Medicaid Web Portal**<br>**Automated Response System (ARS)**<br>Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. | https://vamedicaid.dmas.virginia.gov/ |
| **Medicall (Audio Response System)**<br>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**

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| 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.

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| **Cardinal Care Managed Care** | https://www.virginiamanagedcare.com/en |
| **PACE** | Program of All-inclusive Care |
| **Provider Enrollment** | In-State: 804-270-5105<br>Out of State Toll Free: 888-829-5373<br>Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com |
| **Provider HELPLINE**<br>Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available. | 1-804-786-6273<br>1-800-552-8627 |
| **Aetna Better Health of Virginia** | https://www.aetnabetterhealth.com/virginia/providers/index.html<br>Prior Auth requests can be faxed or called to the following numbers:<br>Phone: 1-800-279-1878<br>Med4/ FAMIS Fax: 1-866-669-2454<br>CCC Plus Fax: 1-855-661-1828 |
| **Anthem HealthKeepers Plus** | http://www.anthem.com/<br>Prior Authorization information can be found here: https://providers.anthem.com/virginia-provider/resources/prior-authorization-requirements<br>Call Provider Services: 1-800-901-0020 TTY: 711<br>Fax medical prior authorization request forms to:<br>Inpatient fax: 1-866-920-4095<br>Outpatient fax: 1-800-964-3627<br>LTSS fax: 1-844-864-7853 |
| **Humana Healthy Horizons**<br>Provider Services Call Center | https://provider.humana.com/medicaid/virginia-medicaid<br>Prior Authorization information can be found here:<br>https://provider.humana.com/medicaid/virginia-medicaid/prior-authorization<br>Submit request via Availaty porta, phone or fax:<br>Phone requests:<br>1-855-223-9868 or 1-844-881-4482 (TTY: 711)<br>Fax complete form to:<br>1-877-486-2621. |
| **Sentara Community Plan** | 1-800-881-2166 https://www.sentarahealthplans.com/providers<br>Submit authorizations via portal or phone<br>Portal information can be found here: https://www.sentarahealthplans.com/en/providers/claims-authorizations/authorizations<br>Phone request:<br>1-757-552-7474 or 1-800-229-8822 |
| **United Healthcare** | www.uhcprovider.com/<br>1-844-284-0146<br>To notify UHC or request a medical prior authorization:<br>Portal information can be found here: UHCprovider.com/priorauth<br>or call provider services 1-844-284-0146 |
| **Acentra Health**<br>Behavioral Health and Medical Service Authorizations | https://vamedicaid.dmas.virginia.gov/sa<br>1-804-622-8900 |

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| **Dental Provider** | 1-888-912-3456 |
| DentaQuest | |
| **Fee-for-Service (POS)** | https://www.virginiamedicaidpharmacyservices.com/ |
| Prime Therapeutics | 1-800-932-6648 |