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

https://dmas.virginia.gov
MEDICAID BULLETIN

Last Updated: 03/10/2022

Coverage of Remote Patient Monitoring/Update to Telehealth Services Supplement

The purpose of this bulletin is to inform providers that DMAS and all managed care organizations (MCOs) will cover remote patient monitoring (RPM) services for full benefit Medicaid and FAMIS populations in accordance with the 2021 Special Session I Budget, Item 313.VVVVV. DMAS also has clarified guidance on select Behavioral Health codes eligible for telemedicine delivery included in the Telehealth Supplement.

Remote Patient Monitoring

DMAS has outlined its coverage of RPM in the Telehealth Supplement, include defining RPM, identifying covered RPM codes, and specifying reimbursement/billing requirements and equipment/technology criteria. Select RPM codes have been covered for suspected and confirmed cases of COVID-19 per the Medicaid Memo "New Administrative Provider Flexibilities Related to COVID-19" (dated May 15, 2020). That coverage will remain in effect until the end of the federal Public Health Emergency (see the Medicaid Memo "COVID Flexibilities Update – Expiration of State PHE" on 6/30/2021), but will require prior authorization for FFS members. RPM requests for treatment of FFS members with COVID-19 during the aforementioned period will undergo automated processing when submitted with an appropriate COVID ICD-10 diagnosis code to DMAS's Kepro vendor via Atrezzo (https://atrezzo.kepro.com/Account/Login.aspx).

Effective for services with dates of service on and after May 1, 2022, RPM will be covered by FFS and MCOs for the following populations:

- Medically complex patients under 21 years of age
- Transplant patients
- Post-surgical patients
- Patients with a chronic health condition who have had two or more hospitalizations or emergency department visits related to such chronic health condition in the previous 12 months
- High-risk pregnant persons

Billing codes covered by this policy, when conditions of coverage are met, and for services with dates of service on and after May 1, 2022, include the following:

- **99453**: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education for the use

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of equipment.

- **99454**: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

- **99457**: Remote patient monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes.

- **99458**: Remote patient monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes.

- **99091**: Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

- **98975**: Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment

- **98976**: Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days

- **98977**: Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

- **98980**: Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes

- **98981**: Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); each additional 20 minutes (List separately in addition to code for primary procedure)

- **99473**: Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration

- **99474**: Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with

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report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Prior authorization will be required for coverage of these services. Please reference the updated Telehealth Supplement, and its associated references, for FFS policies, service authorization criteria, quantity limits and billing processes. MCOs will adopt equivalent service authorization criteria and quantity limits as FFS. For details of MCO billing procedures, refer to the contact information listed below.

Select Behavioral Health Codes

Changes were made to Table 2 of the Supplement to reflect changes to behavioral health services effective December 1, 2021 due to the implementation of Project BRAVO (Behavioral Health Redesign for Access, Value and Outcomes) as follows:

- **H2019**: updated to indicate that Crisis Stabilization under this billing code ended on 11/30/2021.
- **H0036**: updated to indicate that Crisis Intervention under this billing code ended on 11/30/2021 and to reflect the addition of Functional Family Therapy as an enhanced behavioral health service effective 12/1/2021.
- **H2011**: added to Table 2 to reflect the addition of Mobile Crisis Response as an enhanced behavioral health service effective 12/1/2021. Telemedicine delivery of this service is limited to the telemedicine assisted assessment (see Appendix G of the Mental Health Services manual for details).
- **S9482**: added to Table 2 to reflect the addition of Community Stabilization as an enhanced behavioral health service effective 12/1/2021. Telemedicine delivery of this service is limited to the telemedicine assisted assessment (see Appendix G of the Mental Health Services manual for details).
- **S9485**: added to Table 2 to reflect the addition of 23-Hour Residential Crisis Stabilization as an enhanced behavioral health service effective 12/1/2021. Telemedicine delivery of this service is limited to the psychiatric evaluation (see Appendix G of the Mental Health Services manual for details).
- **H2018**: added to Table 2 to reflect the addition of Residential Crisis Stabilization Unit as an enhanced behavioral health service effective 12/1/2021. Telemedicine delivery of this service is limited to the psychiatric evaluation (see Appendix G of the Mental Health Services manual for details).
- **H2033:** updated to indicate that billing of Behavioral Therapy under this billing code ended on 11/30/3021 and that telemedicine delivery of Multisystemic Therapy is covered via this code as an enhanced behavioral health service effective 12/1/2021.
- **97151 – 97158, 0362T, 0373T**: added to Table 2 to reflect billing for Applied Behavior Analysis under these codes effective 12/1/2021.

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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.	Through March 29: www.virginiamedicaid.dmas.virginia.gov As of April 4, 2022: https://login.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
KEPRO 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/
Provider Audits Please continue to adhere to all instructions provided via DMAS or its contractors as it relates to complying with audit processes and procedures. Conversion to MES will not affect audit protocol.	
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), 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.	
Medallion 4.0	https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/
CCC Plus	https://www.dmas.virginia.gov/for-providers/managed-care/ccc-plus/
PACE	https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/program-of-all-inclusive-care/
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 For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or Call: 1-800-424-4046
Provider HELPLINE for claims assistance only as of March 26, 2022 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
Provider Enrollment and Management Help Desk Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-270-5105 1-888-829-5373
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com