



Department of Medical Assistance Services
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MEDICAID MEMO

Rate Changes for Intensive In-Home, Community-Based Residential Services (Level A), and Therapeutic Behavioral Services (Level B) for Children and Adolescents - Effective February 1, 2010

Last Updated: 03/09/2022



Rate Changes for Intensive In-Home, Community-Based Residential Services (Level A), and Therapeutic Behavioral Services (Level B) for Children and Adolescents - Effective February 1, 2010

The purpose of this Medicaid memorandum is to inform you of changes to the reimbursement rates for Intensive In-Home Services for Children and Adolescents, Community-Based Residential Treatment Services for Children and Adolescents Under 21 - Level A, and Therapeutic Behavioral Services - Level B.

Effective for dates of service on or after February 1, 2010, the reimbursement rates will change for these services as follows:

Service Category	HCPCS Code	Current Rate	New Rate (effective 2/1/2010)
Intensive In-Home Services	H2012	\$70.00	\$60.00
Community-Based Residential Services (Level A)	H2022-HW (CSA) H2022-HK (non-CSA)	\$119.20	\$113.24
Therapeutic Behavioral Services (Level B)	H2020-HW (CSA) H2020-HK (non-CSA)	\$158.93	\$150.98

The reduction in reimbursement rates for these services is one of many actions being taken in response to the Commonwealth's severe budget shortfall.



Prior Authorization

Providers may continue to request services through KePRO, DMAS' prior authorization contractor. There is no change to the process of requesting services. Providers that currently have an existing prior authorization on file do not need to take action, the PAs will be honored. Please remember when submitting claims, each claim can only have dates of service for one calendar month and cannot span more than one month.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper remittance advices has been applied to paper requests, effective July 1, 2009.

ALTERNATE METHODS TO LOOK UP INFORMATION

Effective August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned will pertain to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for



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many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions - Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>.

The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting



Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr- enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.