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

https://dmas.virginia.gov
MEDICAID MEMO

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Behavior Therapy Provider Flexibility Update

This third memo relevant to Behavioral Health and ARTS providers is one in a series of memos that set out the Agency's guidance on the flexibilities available to providers in light of the public health emergency presented by the COVID-19 virus. This memo updates a specific flexibility for the delivery of Behavioral Therapy outlined originally in the March 19, 2020 memo, "Provider Flexibilities Related to COVID-19" and the March 27, 2020 memo, "Clarifications and Changes: Behavioral Health and ARTS Provider Flexibilities Related to COVID-19," for Behavioral Health and ARTS services.

These changes affect both fee-for-service (FFS) and Managed Care Organization (MCO) models of care. These flexibilities are relevant to the delivery of covered services related to COVID-19 detection and treatment, as well as maximizing access to care and minimizing viral spread through community contact. The provider flexibilities and directives summarized here remain effective during the Governor's declared State of Emergency.

Behavioral Health and ARTS providers are advised of the following new flexibilities and requirements, indicated by the underlined text below, and effective today. Underlined text represents new clarifications and the non-underlined text is included for readability and context; this guidance is in addition to the March 19, 2020 and March 27, 2020 memos.

Specific Service Considerations & Limitations for Behavioral Therapy

- Service delivery may be provided outside of the school setting, office setting, or clinic setting for the next 120 days.
- Face-to-face services shall not be required, but documentation shall justify the rationale for the service through a different model of care. Providers shall maintain appropriate documentation if the plan to provide or continue care deviates from the normal protocol or plan of care.
- These services shall not be provided to a group of individuals at the same time and location (with the exception of family members/kinship in the same location) so as to promote containment of COVID-19 infection.
- Previous memos indicated that if the provider was only providing services through telephonic communications, the provider shall bill a maximum of one (1) unit per member per day, regardless of the amount of time of the phone call(s). When billing for Behavioral Therapy, providers shall refer to the Behavioral Therapy Services Reimbursement Table on page 23 of the Behavioral Therapy DMAS Manual. One service unit equals 15 minutes for this level of care. As of the date of this memo, Behavioral Therapy providers do not have a 1 unit max limit per day for audio-only communications.
- For Behavior Therapy services, a physician letter, referral, or determination is not required for submission of a prior authorization. The MCO shall review the request and make a determination without the physician referral. The physician referral,

letter or determination shall be completed within at least 60 days of the start of the service.

- As the situation evolves regarding COVID-19, DMAS will re-evaluate the need for adaptation of these services.

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.	www.virginiamedicaid.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/
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	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms

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 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	aetnabetterhealth.com/virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	Uhccommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711)