Department of Medical Assistance Services
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MEDICAID MEMO

Last Updated: 04/25/2023

Updates to Telehealth Policy

The purpose of this memorandum is to inform providers about updates to telehealth policy by the Department of Medical Assistance Services (DMAS). Prior to the COVID-19 Public Health Emergency (PHE), DMAS last issued a memorandum on coverage of telemedicine and select store-and-forward services in 2014, with a clarification of coverage for Federally Qualified Health Centers issued in 2019. DMAS' telehealth policy is consolidated and described in detail in the Provider manual "Telehealth Services Supplement" which: defines key telehealth terms; lists the set of services reimbursable when delivered via telemedicine (and the store-and-forward services listed in the previous 2014 memorandum); and specifies billing requirements for services delivered via telehealth and for an originating site fee, telehealth service limitations, and requirements for providers, documentation, member choice and education, and telehealth equipment and technology.

Due to the ongoing PHE, providers will be required to adhere to requirements described in the Telehealth Services Supplement, as follows:

- **Until the end of the federal PHE**: Providers may continue to follow guidance relating to provider telehealth flexibilities described in Medicaid Memos issued beginning March 19, 2020. Pursuant to the Medicaid Memo Provider Flexibilities Related to COVID-19, providers will now be required to adhere to requirements listed in the Telehealth Services Supplement section "Reimbursement and Billing for Telehealth Services" for services listed in "Attachment A" within 60 days of the date of this memorandum for any service not delivered in-person.
- **Immediately upon the end of the federal PHE**: Providers will be required to adhere to all sections of the Telehealth Services Supplement.

Policies and requirements for additional telehealth modalities – including additional store-and-forward services, provider-to-provider consultations, virtual communications, Remote Patient Monitoring, and audio-only services – will be communicated in future Provider Manual updates. These updates will be included in the following Provider Manuals:

- Telehealth Services Supplement
- Addiction and Recovery Treatment Services Chapter IV
- Home Health Chapter IV
- Physician-Practitioner Chapter V
- Psychiatric Services Chapter IV

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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.	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/
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 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	www.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 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