Provider Insider

Alabama Medicaid Bulletin *October 2025*

BILLING OF QMB IS PROHIBITED BY FEDERAL LAW

Federal law prohibits all Original Medicare (also called Fee-for-Service Medicare) and Medicare Advantage (MA) providers and suppliers, including pharmacies and those that do not accept Medicaid, from billing Qualified Medicare Beneficiaries (QMBs) for Medicare Part A and Part B cost-sharing (deductibles, coinsurance and copayments). Even if full payment is not received from Medicaid, a QMB recipient should not be billed.

The QMB eligibility group is a Medicaid eligibility group through which states pay Medicare premiums and cost-sharing for certain low-income QMBs. The QMB eligibility group is one of the Medicare Savings Programs.

To ensure compliance, all Original Medicare and Medicare Advantage providers and suppliers must:

1. Make sure that QMBs are not billed for Medicare cost-sharing.
2. Take action to remedy any QMB billing or collections.
3. Implement processes to ensure compliance with QMB billing prohibitions.
4. Make sure office staff and vendors are using systems to identify the QMB status of Medicare beneficiaries.

For additional information please refer to the Medicare Learning Network (MLN) Fact Sheet https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/se1128.pdf.

In This Issue

Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other _____

The information contained within is subject to change. Please review your Provider Manual and all Provider Alerts for the most up-to-date information.

Change to Coverage of G0330 for Ambulatory Service Centers

Effective for dates of service on and after October 1, 2025, the Alabama Medicaid Agency (Medicaid) will reimburse Ambulatory Service Centers (ASCs) for G0330 – facility services for dental rehabilitation procedures.

- Providers should utilize information in Chapter 13 – Dentist and the Provider Interactive Web Portal to verify eligibility of recipients for dental services prior to delivery of services.
- Outpatient hospital and ASC's reimbursement for G0330 is limited to four visits per calendar year.
- ASCs should use G0330 to bill for the use of an operating room, items and services in connection with dental care provided in an ASC setting. Medicaid will reimburse G0330 at $1,023.64.
- A prior authorization is not required for G0330. Claims are subject to post-payment reviews.

For any inquiries regarding billing questions, providers should contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.

Change to Coverage of D9223 and Dental Participation Payment--D0999

Medicaid implemented a new coverage policy for two units of CDT D9223 (general anesthesia – each additional 15-minute increment), allowing for a total of 30 minutes. This change is effective for dates of service on or after July 1, 2025.

- Medicaid now covers 45 minutes of anesthesia, with one unit of D9222 (first 15 minutes of anesthesia) and two units of CDT D9223.
- Claims that include D9223 and denied for the second unit will be reprocessed for dates of service on or after July 1, 2025.

Additionally, Medicaid will reimburse oral health providers for a Dental Participation Payment identified as CDT D0999. This reimbursement will be applicable when billed in conjunction with other covered dental services at a rate of $10 per date of service, effective October 1, 2025.

- The Dental Participation Payment will be paid once per recipient, per performing provider, per date of service for covered dental services.
- Providers should include D0999 as a claim detail along with other covered dental procedure codes. Please note, D0999 should not be submitted as standalone claim.
- A prior authorization is not required for D0999.

For any inquiries regarding billing questions, providers should contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.

Hysterectomy Consent Form and Administrative Review Process Changes

Effective October 1, 2025, Medicaid will implement a revised Hysterectomy Consent form and administrative review process. In the October 2025 Provider Manual, the hysterectomy review process has been updated to reflect these new changes.

The following changes are made for providers:

- The provider will certify that the hysterectomy is being performed for the treatment of disease and not for the prevention of disease or prophylaxis.
- If the hysterectomy is performed due to unusual circumstance (e.g., already sterile, life-threatening situation, or under a period of retroactive Medicaid eligibility), the consent form and medical records must continue to be submitted to Gainwell through the Alabama Medicaid Interactive Web Portal. Gainwell will send the medical records to Medicaid for administrative review. Once a review is complete, a decision regarding the medical necessity of the procedure will be made and the claim will process accordingly.
- If the hysterectomy is performed in the absence of unusual circumstances, the practice should submit only the completed consent form to Gainwell through the Alabama Medicaid Interactive Web Portal. If the consent is confirmed to be complete, the claim will process for payment.

During a three-month grace period, both consent forms will be accepted. After January 1, 2026, only the new consent form will be accepted.

Providers should refer to Chapter 28 – Physician of the Provider Billing Manual for further information.

Implementation of Primary Care "Bump" Rate Increases – Effective October 1, 2025

Effective for dates of service on or after October 1, 2025, Medicaid is increasing the Primary Care "Bump" rates for certain procedure codes listed below.

Primary Care "Bump" rates – Effective October 1, 2025:

CPT Code	Short Description	Current Bump rate	Bump Rate Effective 10/1/26
99231	SBSQ HOSP IP/OBS SF/LOW 25	$37.61	$45.25
99232	SBSQ HOSP IP/OBS MODERATE 35	$69.20	$72.25
99233	SBSQ HOSP IP/OBS HIGH 50	$99.74	$108.72
99238	HOSP IP/OBS DSCHRG MGMT 30/<	$69.17	$73.95
99239	HOSP IP/OBS DSCHRG MGMT >30	$102.17	$104.52
99306	1ST NF CARE HIGH MDM 50	$160.16	$167.02
99308	SBSQ NF CARE LOW MDM 20	$65.48	$67.88
99309	SBSQ NF CARE MODERATE MDM 30	$86.42	$98.32
99310	SBSQ NF CARE HIGH MDM 45	$128.66	$140.41
99315	NF DSCHRG MGMT 30 MIN/LESS	$69.68	$74.62
99316	NF DSCHRG MGMT 30 MIN +	$100.39	$120.06
99350	HOME/RES VST EST HIGH MDM 60	$169.81	$170.20

For additional details, see the Provider Billing Manual, Chapter 28 (Physician Services).
For billing questions, contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.

Updates to EPSDT Periodicity Schedule – Effective October 1, 2025

Effective for dates of service on or after October 1, 2025, Medicaid is updating the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) periodicity schedule to include changes such as inclusion of well-child visits at 3-5 days and 30 months of age; and hearing, vision and developmental screenings. These updates align with the American Academy of Pediatrics' Bright Futures guidelines.

The updated EPSDT periodicity schedule includes the following visits:

EPSDT Periodicity Schedule		
3-5 day old	6 months	18 months
1 month	9 months	24 months
2 months	12 months	30 months
4 months	15 months	
Annually (per calendar year) for recipients aged 3 - 20 beginning with the third birthday.		

Providers should use appropriate Evaluation and Management (E&M) codes (e.g., 99381-99385, and 99391-99395 for preventative services) and include the EP modifier for EPSDT screenings. Refer to the updated EPSDT Periodicity Schedule in the Provider Billing Manual, Appendix A (Well-Child Visit/EPSDT) at www.medicaid.alabama.gov for full details, including required components such as physical exams, immunizations, vision/hearing screenings and developmental assessments.

Providers are encouraged to educate families on the importance of adhering to the schedule and to submit referrals using the updated EPSDT Referral Form 362 for any identified needs.

Other updates to the periodicity schedule include changes to protocols for lead toxicity and tuberculosis (TB) to align with current guidelines from the Centers for Disease Control and Prevention (CDC) and enhance early detection and intervention for at-risk children. For questions on testing or interpretation, consult the CDC's TB resources or contact the Alabama Department of Public Health TB Control Program at (334) 206-5330.

Providers should refer to Appendix A – Well Child Visits (EPSDT) for further information and updates. For billing questions, contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.

Rate Increases for EPSDT Well-Child Visits – Effective July 1, 2025

Effective for dates of service on or after July 1, 2025, Medicaid has increased reimbursement rates for select EPSDT Periodic E&M codes (e.g., 99381-99385 for new patients and 99391-99395 for established patients) when billed with the EP modifier.

The updated reimbursement rates are as follows:

E & M Procedure Codes	Procedure Code Description	Rates Effective 07/01/2025
99381 EP	New Patient under 1 year of age	$80.00
99382 EP	New Patient 1 year to 4 years of age	$80.00
99383 EP	New Patient 5 years to 11 years of age	$80.00
99384 EP	New Patient 12 years to 17 years of age	$80.00
99385 EP	New Patient 18 years to 20 years of age	$80.00
99391 EP	Established Patient under 1 year	$80.00
99392 EP	Established Patient 1 year to 4 years of age	$80.00
99393 EP	Established Patient 5 years to 11 years of age	$80.00
99394 EP	Established Patient 12 years to 17 years of age	$80.00
99395 EP	Established Patient 18 years to 20 years of age	$80.00

Providers should refer to Appendix A – Well Child Visits (EPSDT) for further information and updates. For billing questions, contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.

PCP Referrals Reminder

Medicaid no longer requires a Primary Care Physician (PCP) referral for services rendered for Medicaid recipients. However, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) referrals are required for EPSDT related services. Refer to Appendix A of the Provider Billing Manual for more information regarding EPSDT. Recipients that are in lock-in will be required to obtain a lock-in referral from their lock-in provider. To verify a recipient's lock-in status and provider, you may view the recipient's eligibility verification via the Alabama Medicaid Interactive Secure Web Portal.

Reminder: Alabama Coordinated Health Network PCP Group's 24/7 Voice-To-Voice Coverage

As per the Alabama Coordinated Health Network (ACHN) Primary Care Physician (PCP) Group's 24/7 Voice-To-Voice Coverage agreement under the ACHN program, all ACHN provider groups are required to have after-hours coverage. It is important for patients to be able to contact their PCP Group to receive instructions regarding care at all times, so that care is provided in the most appropriate manner relative to the patient's condition. Attachment A of the ACHN Program's PCP Enrollment Agreement, and Chapter 40, Section 8.2, of the Provider Billing Manual states that the group must provide recipients with after-hours instructions for care or referral at all times, for medical conditions, twenty-four (24) hours per day, and seven (7) days per week, as defined by ACHN policy.

Importance of Updating Provider Enrollment Files

It is important that all participating ACHN providers (group and individual) maintain their provider enrollment files with the fiscal agent. This includes, but is not limited to, provider specialties. Incorrect provider specialties may cause delays in provision of ACHN care management services for Medicaid recipients.

Attribution Report Timeline

The following table lists the timeframe in which attribution reports will be available via the secure web portal for Fiscal Year (FY) 2026:

Attribution Period	Attribution Run Month	Attribution Reports Available
October 1, 2025 – December 31, 2025 (Quarter 1)	August 2025	First or second week of September 2025
January 1, 2026 – March 31, 2026 (Quarter 2)	November 2025	First or second week of December 2025
April 1, 2026 – June 30, 2026 (Quarter 3)	February 2026	First or second week of March 2026
July 1, 2026 – September 30, 2026 (Quarter 4)	May 2026	First or second week of June 2026

For additional information about attribution reports, you may access Chapter 40 of the Provider Billing Manual at https://medicaid.alabama.gov/content/7.0_Providers/7.6_Manuals.aspx.

ACHN Bonus Payments

All PCP groups, including Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), that actively participate with the ACHN may qualify to receive bonus payments. **The next quarterly bonus payments will be issued on the second checkwrite of October 2025.**

ACHN Participation Rates

Effective October 1, 2025, some ACHN Participation Rates were increased. ACHN Participation Rates will be paid to providers that actively participate with the ACHN. FQHCs and RHCs will not receive these rates, however, but will continue to receive encounter rates. Refer to Chapter 40 of the Provider Billing Manual for additional information at (https://medicaid.alabama.gov/content/7.0_Providers/7.6_Manuals.aspx).

ACHN Participation Rates				
Procedure	**Procedure Description**	**ACHN Participation Rate prior to 9/30/2025**	**ACHN Participation Rate after 9/30/2025**	**Amount Increase**
99202	OFFICE/OUTPATIENT VISIT NEW	$73.00	$73.00	$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	$107.00	$107.00	$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	$166.00	$166.00	$0.00
99205	OFFICE/OUTPATIENT VISIT NEW	$210.00	$210.00	$0.00
99211	OFFICE/OUTPATIENT VISIT EST	$19.00	$19.56	$0.56
99212	OFFICE/OUTPATIENT VISIT EST	$41.00	$48.26	$7.26
99213	OFFICE/OUTPATIENT VISIT EST	$72.00	$78.19	$6.19
99214	OFFICE/OUTPATIENT VISIT EST	$108.00	$110.62	$2.62
99215	OFFICE/OUTPATIENT VISIT EST	$146.00	$155.91	$9.91
99242	OFFICE CONSULTATION	$88.00	$88.00	$0.00
99243	OFFICE CONSULTATION	$122.00	$122.00	$0.00
99244	OFFICE CONSULTATION	$184.00	$184.00	$0.00
99245	OFFICE CONSULTATION	$226.00	$226.00	$0.00

School Campus Facility

FQHCs are now required during enrollment to identify each satellite clinic that is a School Campus Facility (SCF) providing school-based services. This is for informational purposes only. FQHC satellite clinics that provide school-based services have been assigned specialty type 082 (School Campus Facility/FQHC) as of March 1, 2025. FQHC satellite SCFs should contact Provider Enrollment at 1-888-223-3630 to have the SCF specialty type added to their provider enrollment file. New facilities enrolling with Medicaid will be prompted during the application process to indicate whether the new satellite clinic is a SCF.

RHC SCFs may now enroll as a SCF using specialty type 082. This will be for informational purposes only. The specialty type 082 for RHCs became effective the week of March 11, 2025. Existing RHC SCFs should contact Provider Enrollment at 1-888-223-3630 to have the SCF specialty type added to their provider enrollment file. New RHC provider groups during the online enrollment process may select the specialty type 082 if the provider group wishes to enroll as a SCF. To enroll as a new RHC, provider groups may use the following link:

https://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.4_Provider_Enrollment.aspx.

ACHN Provider Profiler Reports

Evaluation of quality and cost effectiveness will be necessary for a PCP group to manage its actual performance. It is important for the provider to review the quarterly Provider Profiler to visualize how the provider is performing throughout the year. The Provider Profiler provides the PCP with a mechanism to monitor areas that may need improvement in order to achieve quality and cost effectiveness for a higher bonus payment. The Provider Profiler will be released quarterly. More information about the Provider Profiler can be found by visiting www.medicaid.alabama.gov >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in October 2025.

Reminder: FY 2026 Patient-Centered Medical Home Recognition Bonus Payment

PCP groups may be eligible for the Patient-Centered Medical Home (PCMH) bonus payment based on actual PCMH recognition and attestation. Medicaid will review attestation of PCMH recognition on an annual basis. The deadline to qualify for FY 2026 (October 1, 2025-September 30, 2026) is October 1, 2025. ALL participating ACHN PCP Groups that would like to start or continue to receive the PCMH bonus payment for FY 2026 must attest to the Agency by the specified deadline. The PCMH attestation form is available and may be accessed via the ACHN providers section at https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.19_ACHN_PCP_Forms.aspx. For questions or assistance with the PCMH attestation process, you may contact ACHN@medicaid.alabama.gov. In addition, you may refer to Chapter 40 of the Provider Billing Manual for detailed information regarding the PCMH attestation process.

Transforming Maternal Health (TMaH) Model

In January 2025, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), awarded Alabama Medicaid funding to enhance maternal health and birth outcomes for pregnant and postpartum women, as well as their infants. Alabama was one of 15 states to receive the grant as part of the new Transforming Maternal Health (TMaH) Model.

The TMaH Model is a 10-year initiative aimed at improving care delivery for Medicaid and Children's Health Insurance Program (CHIP) recipients. Alabama's participation in TMaH can increase access to essential maternal health services and support hospitals and health systems in achieving the CMS "Birthing-Friendly" designation— the first federal quality standard focused on maternal health. The initiative also prioritizes screening for social determinants of health, such as food insecurity, housing instability and substance use disorders, connecting mothers to community-based resources for additional support. The goal of this initiative is to ensure that mothers and their newborns receive the care and resources they need to thrive, with a focus on safety, empowerment and long-term health.

For additional information about Alabama's progress on the TMaH Model, you may visit https://medicaid.alabama.gov/content/2.0_Newsroom/2.7_Special_Initiatives/2.7.7_Transforming_Maternal_Health_TMaH_Model.aspx.

If you are a maternity care provider and have questions, please email TMAH@medicaid.alabama.gov.

Alabama Medicaid Bulletin

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The release of funds is normally the second Monday after the checkwrite (remittance advice) date.
Please verify direct deposit status with your bank. As always, the release of direct deposit and checks depends on the availability of funds.

FISCAL YEAR 2026:

- October 3, 2025
- October 17, 2025
- October 31, 2025
- November 14, 2025
- November 28, 2025
- December 5, 2025
- December 12, 2025
- January 2, 2026
- January 16, 2026
- January 30, 2026
- February 6, 2026
- February 20, 2026
- March 6, 2026
- March 20, 2026
- April 3, 2026
- April 17, 2026
- May 1, 2026
- May 15, 2026
- May 29, 2026
- June 5, 2026
- June 19, 2026
- July 3, 2026
- July 17, 2026
- July 31, 2026
- August 14, 2026
- August 28, 2026
- September 11, 2026