



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**MCO Transmittal No. 156**  
**August 30, 2022**

**TO:** Managed Care Organizations

**FROM:** Sandra Kick, Director *Sandra E. Kick*  
 Medical Benefits Management

**RE:** Updated HealthChoice Very Low Birth Weight Delivery Payment Policy and Billing Process, Effective January 1, 2022

**NOTE:** **Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.**

The purpose of this transmittal is to outline the updated policy and billing process for HealthChoice Very Low Birth Weight (VLBW) Delivery enhanced payments, effective for dates of service on or after January 1, 2022. This transmittal supersedes MCO Transmittal No. 123, dated January 10, 2018.

**I. VLBW Delivery Payment Policy**

VLBW delivery payments apply to live births only.

- A. To receive an enhanced payment for a participant's first VLBW delivery, the following criteria must be met:
- 1) The infant must be of gestational age of 21 weeks or more; and
  - 2) The infant must weigh less than 1500 grams at delivery.
- B. To receive an enhanced payment for a participant's subsequent VLBW delivery, the following criteria must be met:
- 1) The infant must be of gestational age of 21 weeks or more;
  - 2) The infant must weigh less than 1500 grams at delivery;
  - 3) The mother must have had a prior spontaneous preterm delivery (see delivery criteria for participant's first VLBW delivery);
  - 4) The mother must have a current singleton pregnancy;
  - 5) The mother must be eligible to receive hydroxyprogesterone caproate injections or vaginal progesterone;

- 5) The mother must be eligible to receive hydroxyprogesterone caproate injections or vaginal progesterone;
- 6) The mother must have received the first hydroxyprogesterone caproate injection or first weekly dosing of vaginal progesterone between 16 weeks and 24 weeks gestation, and continued receiving the injections or vaginal dosing until delivery or week 37 gestation; and
- 7) The mother must have received at least two hydroxyprogesterone caproate injections or two weeks of daily vaginal progesterone use. NOTE: If the mother was eligible to receive hydroxyprogesterone caproate injections or vaginal progesterone and refused after documented appropriate counseling, this information must be provided to MDH to be eligible for the second enhanced payment.

## II. VLBW Billing Process

### A. Documentation

Monthly, all MCOs must electronically submit the required encrypted forms (see list below) and supporting documentation (as needed) to MDH - Office of Finance at [mdh.mof@maryland.gov](mailto:mdh.mof@maryland.gov) for each VLBW delivery payment. Passwords to the encrypted files should be sent separately.

When submitting documentation for payment, please use the following naming convention:

**Initial VLBW Claims:** MCO/Provider Name\_Patient MA ID#\_Form Type\_MonthYY

**Resubmitted VLBW Claims:** RS\_MCO/Provider Name\_Patient MA ID#\_Form Type\_MonthYY

**Form Types:** VLBW Newborn Tracking Sheet, CMS 1500, 4518a

The required forms are as follows:

- 1) VLBW Newborn Tracking Sheet (attached)
- 2) CMS 1500 Claim Form
- 3) 4518a Form - Send the 4518a form only if an adjustment to a previous claim is needed, with the following required fields:
  - a. Provider # (Box 1)
  - b. Invoice Control # (Box 7A)
  - c. Date of Service (Box 7B)
  - d. Adjust Reason Code (01 or 04) (Box 7D)
  - e. Corrected Procedure Code and/or Dollar Amount (if applicable) (Box 7F)
  - f. Remarks (if needed for clarity)

MCOs may provide one or more of the following supplemental documents to receive the enhanced payment for a participant’s subsequent VLBW deliveries:

- Prenatal visit office notes documenting administration of the hydroxyprogesterone caproate injections or vaginal progesterone, or the participant’s refusal to receive them;
- Claim(s) showing the MCO paid the provider for the hydroxyprogesterone caproate or vaginal progesterone administrations;
- The delivery notes from the birth event; and/or
- Notes from Optum or other providers providing the hydroxyprogesterone caproate injections or vaginal progesterone during home visits.

**B. Diagnosis Codes**

The VLBW and Gestation diagnosis codes for ICD-10 are:

- 1) VLBW: P07 through P07.15
- 2) Gestation: Z3A through Z3A.49

All Form CMS 1500 claims are required to have the appropriate diagnosis code in Box 21.

**C. Procedure Codes, Regions, and Payment Rate**

MCOs should use the following procedure codes and modifiers when submitting VLBW claims for reimbursement:

<b>Procedure Code/Region</b>	<b>Modifier</b>	<b>Code Description</b>	<b>Rate</b>
MC001 - Baltimore City	U5	VLBW KICK PAYMENT 1500 GRAMS OR LESS	\$115,373.34
MR001 - Montgomery County	U5	NEWBORNS DELIVERY LOW BIRTH WT RETEN	\$115,373.34
MS001 - All Other Counties/Rest of State	U5	VLBW KICK PAYMENT 1500 GRAMS OR LESS	\$115,373.34

**For dates of service on or after January 1, 2022, the U5 modifier must be billed with the code on the CMS 1500 form to receive the full rate.**

**For dates of service preceding January 1, 2022, the codes must be billed without the U5 modifier to receive the appropriate rate.**

#### **D. Claim Status**

- 1) To check the status of a claim, please refer to the weekly remittance advice via eMedicaid (<https://encrypt.emdhealthchoice.org/emedicaid/>). Dates of service, Medicaid recipient, amount paid, and reason codes may all be found when viewing this report.
- 2) If a claim is not approved for billing, the reason code for denial will be located on the applicable remittance advice. It is the MCO's responsibility to contact Provider Relations to resolve any discrepancy that may be affecting payment processing.

#### **E. Validation**

The Department of Vital Statistics and MDH will verify and compare the birth records on file to the VLBW Newborn Tracking Sheet form submitted by the MCOs to validate the newborn's date of birth, weight in grams, and gestational age.

### **III. VLBW Contact Information**

For claims receipt and submission of information for payment, contact [mdh.mof@maryland.gov](mailto:mdh.mof@maryland.gov).

For assistance with eMedicaid, email [mdh.emedicaidmd@maryland.gov](mailto:mdh.emedicaidmd@maryland.gov).

For claims status, contact the Provider Relations Call Center at (410) 767-5503 or (800) 445-1159, Option 2, Monday through Friday during normal business hours.

For policy questions, contact Aran Kim, Chief, Division of HealthChoice Provider Network Management at [aran.kim@maryland.gov](mailto:aran.kim@maryland.gov).

**VERY LOW BIRTH WEIGHT (VLBW) NEWBORN TRACKING SHEET**

**Mail:** Office of Finance  
 Attn: Monica Guy  
 201 West Preston Street  
 Room 216B  
 Baltimore, MD 21201  
**Email:** mdh.mof@maryland.gov

MCO: \_\_\_\_\_  
 MCO CONTACT: \_\_\_\_\_  
 PHONE/EMAIL: \_\_\_\_\_

**SECTION 1: DEMOGRAPHIC INFORMATION (MCO)**

MOTHER'S NAME		MOTHER'S MEDICAID ID	
MOTHER'S ADDRESS (CITY, STATE, ZIP)		MOTHER'S PHONE #	MOTHER'S DOB (M/D/Y)
NEWBORN NAME A. _____ B. _____ C. _____		DATE OF BIRTH (M/D/Y) A. _____ B. _____ C. _____	SEX A. _____ B. _____ C. _____
COMPLETE NAME OF HOSPITAL OR BIRTH FACILITY			
HOSPITAL OR BIRTH FACILITY ADDRESS		HOSPITAL OR BIRTH FACILITY TELEPHONE #	
FORM COMPLETED BY (PRINT): _____ SIGNATURE: _____			
DATE: _____ PHONE #: _____			

**SECTION 2: VITAL STATISTICS VERIFICATION**

BIRTH WEIGHT IS LESS THAN 1500 GRAMS? A. <input type="checkbox"/> YES <input type="checkbox"/> NO B. <input type="checkbox"/> YES <input type="checkbox"/> NO C. <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTH WEIGHT A. _____ B. _____ C. _____	GESTATION AGE IS 21 WEEKS OR OLDER? A. <input type="checkbox"/> YES <input type="checkbox"/> NO B. <input type="checkbox"/> YES <input type="checkbox"/> NO C. <input type="checkbox"/> YES <input type="checkbox"/> NO	GESTATION AGE A. _____ B. _____ C. _____
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If answers to questions are yes, MDH completes Section 3.

**SECTION 3: MDH USE ONLY**

DOES MOTHER HAVE HISTORY OF VLBW DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, send form & supplemental information to MBM. If no, approve VLBW1 payment.		HYDROXYPROGESTERONE CAPROATE OR VAGINAL PROGESTERONE RECEIVED ACCORDING TO VLBW POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PATIENT REFUSED (MBM ONLY)	
DATE RECEIVED	DATE PROCESSED	PROCESSED BY	__ VLBW1 PAYMENT __ VLBW2+ PAYMENT __ DENY VLBW PAYMENT