



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
MCO Transmittal No. 123
January 10, 2018**

TO: Managed Care Organizations

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

RE: HealthChoice Very Low Birth Weight Delivery Payment Policy and Billing
Process Effective January 1, 2018

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 policy and billing process for HealthChoice very low birth weight (VLBW) delivery enhanced payments, effective January 1, 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;
 - 4) The mother must have a current singleton pregnancy;
 - 5) The mother must be eligible to receive hydroxyprogesterone caproate injections;
 - 6) The mother must have received the first hydroxyprogesterone caproate injection between 16 weeks and 24 weeks gestation, and continued receiving the injections until delivery or week 37 gestation; and
 - 7) The mother must have received at least 2 hydroxyprogesterone caproate injections.

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 via email at 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

Re-submitted 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 this 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)

B. Diagnosis Codes

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

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

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

C. Procedure Codes, Regions, and Payment Rate

MCO should use the following procedure codes when submitting VLBW claims for reimbursement:

2018 Procedure Code/Region	Code Description	Rate
MC001 - Baltimore City	VLBW KICK PAYMENT 1500 GRAMS OR LESS	\$86,874.19
MR001 - Montgomery County	NEWBORNS DELIVERY LOW BIRTH WT RETEN	\$86,874.19
MS001 - All Other Counties/Rest of State	VLBW KICK PAYMENT 1500 GRAMS OR LESS	\$86,874.19

D. Claim Status

- 1) To check the status of a claim, please refer to the weekly Remittance Advice (RA) via eMedicaid (<https://encrypt.emdhealthchoice.org/emedicaid/>). Dates of Service, Medicaid Recipient, Amount Paid, and Reason Codes can all be found when viewing this report.
- 2) If a claim is NOT approved for billing, the reason code for denial can 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 MCO to validate the newborn's date of birth, weight in grams, and gestation age.

III. VLBW Contact Information

- A. **Claims Receipt and Submission for Payment:** Cynthia Hickman, (410) 767-5201 or cynthia.hickman@maryland.gov.
- B. **Assistance with eMedicaid:** mdh.eMedicaidMD@maryland.gov.
- C. **Claims Status:** Provider Relations Call Center, (410) 767-5503 or (800) 445-1159, option #2 (Monday through Friday).
- D. **Policy:** Pam Williams, (410) 767-3532 or pam.williams@maryland.gov.

VERY LOW BIRTH WEIGHT (VLBW) NEWBORN TRACKING SHEET

Email: mdh.mof@maryland.gov

Attn: Cynthia Hickman

Mail: Office of Finance
 Attn: Cynthia Hickman
 201 West Preston Street
 Room 216B
 Baltimore, MD 21201

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	DATE OF BIRTH (M/D/Y)	SEX	
A. _____	A. _____	A. _____	
B. _____	B. _____	B. _____	
C. _____	C. _____	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?	BIRTH WEIGHT	GESTATION AGE IS 21 WEEKS OR OLDER?	GESTATION AGE
A. <input type="checkbox"/> YES <input type="checkbox"/> NO	A. _____	A. <input type="checkbox"/> YES <input type="checkbox"/> NO	A. _____
B. <input type="checkbox"/> YES <input type="checkbox"/> NO	B. _____	B. <input type="checkbox"/> YES <input type="checkbox"/> NO	B. _____
C. <input type="checkbox"/> YES <input type="checkbox"/> NO	C. _____	C. <input type="checkbox"/> YES <input type="checkbox"/> NO	C. _____

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 and supplemental information to OHS. If no, approve VLBW1 payment.	HYDROXYPROGESTERONE CAPROATE RECEIVED ACCORDING TO VLBW POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO (OHS ONLY)
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DATE RECEIVED	DATE PROCESSED	PROCESSED BY	AUTHORIZATION
_____	_____	_____	<input type="checkbox"/> VLBW1 PAYMENT <input type="checkbox"/> VLBW2+ PAYMENT <input type="checkbox"/> DENY VLBW PAYMENT