

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

MARYLAND MEDICAL ASSISTANCE PROGRAM
Home Visiting Transmittal No. 1
Managed Care Organization Transmittal No. 153
February 3, 2022

To: Managed Care Organizations
Healthy Families America Home Visiting Programs
Nurse-Family Partnership Home Visiting Programs
Local Health Departments

From: Tricia Roddy
Deputy Medicaid Director

Subject: Coverage of Home Visiting Services for HealthChoice and Medicaid Fee-For-Service Enrollees, Effective January 13, 2022

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Effective January 13, 2022, Maryland Medicaid is expanding coverage for evidence-based home visiting services to all Medicaid beneficiaries. Home visitors associated with one of two evidence-based models, Healthy Families America (HFA) or Nurse-Family Partnership (NFP), will provide supportive services for pregnant individuals during pregnancy and childbirth, as well as support for parents and children during the postpartum period. HVS providers deliver three kinds of supportive services: prenatal home visits, postpartum home visits, and infant home visits. Home visitors have experience in improving health outcomes for birthing parents and infants. Only HFA accredited and NFP programs meeting fidelity status may enroll with Medicaid to administer home visiting services.

Enrollee Eligibility Criteria

To be eligible to receive HVS, Medicaid participants must:

- Receive services through a HealthChoice Managed Care Organization (MCO) or be enrolled in Fee-For-Service Medicaid; and
- Be pregnant or infant must be younger than 90 days old at the time of enrollment.
- Additionally, for NFP only: Enrollment limited to individuals with no previous live births.

Referral Requirements

A health care professional or an MCO may refer HealthChoice enrollees to HVS; however, a referral is not required for participation. A physician, or other licensed clinician, such as a social worker, nurse practitioner or from a local health department worker may also refer Medicaid enrollees for HVS. Prior authorization is not required for HVS through an MCO's provider network.

MCO Referrals and Reimbursement to Medicaid-enrolled HVS Providers

MCOs must allow their network providers to refer eligible individuals directly to in-network HVS providers. MCOs should track members who enroll with a HVS provider to ensure they have adequate capacity to serve the eligible population. Through the contracting process, MCOs may require HVS providers to provide notification back to the MCO when a member enrolls in their program.

HealthChoice and Fee-For-Service Reimbursement Methodology for In-Person and Virtual HVS

Qualifying home visits will be reimbursed at \$188 per home visit through the Fee-for-Service program.

MCOs must reimburse contracted HVS providers at a rate no lower than the fee-for-service rate for a home visit.

Participating HVS providers must use the appropriate CPT code and modifiers when submitting claims for reimbursement. The reimbursement timeframe differs between models and is contingent upon Medicaid eligibility. If enrolled in HFA, a participant is eligible for services from the date of acceptance into the program until the child reaches the age of three. If enrolled in NFP, a participant is eligible for services from the date of intake into the program until the child reaches the age of two. These age limits are standards set by the respective evidence-based models.

HVS providers may bill for services, typically delivered on a weekly basis, using one of the codes specified in Table 1 below. This is contingent upon the needs of the family and the evidence-based model requirements themselves. Exceptions allowing more than one visit per week can be made in specific instances, such as for a family in crisis.

When home visits begin in the prenatal period, the birthing parent will need to be enrolled with Medicaid, as they are the primary Medicaid participant of the service until the child is born. When home visits begin after an infant is born, during the postpartum period, but within the model's required starting date parameters, the infant will need to be enrolled with Medicaid, as they become the primary individual after birth.

If multiple children are enrolled with the same caregiver (i.e., twins), separate visits can be billed for each unique child under their individual Medicaid Identification Number.

Table 1. *Medicaid Home Visiting Services Reimbursement Methodology for Minimum Payment for Home Visits Rendered In-person or Via Telehealth*

CPT Code and Description	Payment (per unit rate)	Place of Service Description	Place of Service code to use	Modifier to use
99600 - Home Visit, non-specific	\$188	Home visit in home	4/12	none
99600	\$188	Home visit in community	99	none
99600	\$188	Home visit via telehealth	12	GT

Limitations: Providers may only bill the 99600 code once per week.

HVS Provider Enrollment and Conditions of Participation

Eligible HVS providers may now enroll in Maryland Medicaid. HVS providers who have received either (1) a designation of fully accredited by the HFA National Program Office or (2) the designation of fidelity by the NFP National Program Office are eligible to enroll as “HVS provider” type through the electronic Provider Revalidation and Enrollment Portal (ePREP). To enroll as an HVS provider, please visit eprep.health.maryland.gov. Individual home visitors are not eligible to enroll as an HVS provider.

For more information about Home Visiting provider enrollment, please refer to the **Home Visiting Program Manual** at <https://health.maryland.gov/mmcp/medicaid-mch-initiatives>. Please direct questions regarding Maryland’s Home Visiting Services or provider qualifications at mdh.medicaidmch@maryland.gov.