



Department of Medical Assistance Services
 600 East Broad Street, Suite 1300
 Richmond, Virginia 23219
www.dmas.virginia.gov

BabyCare Provider Fact Sheet

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| Purpose | The goal of the BabyCare Program is to improve pregnancy and birth outcomes. |
| Services Offered | <p>The BabyCare program includes two components:</p> <ul style="list-style-type: none"> • Case management for pregnant women and infants up to age two by a licensed professional (Maternal Infant Care Coordination – MICC). • Expanded prenatal services for pregnant women including patient education classes, nutritional services, homemaker services and substance abuse treatment services (SATS). |
| Who is Eligible? | <p>MICC is available for pregnant women and infants up to age two who are identified as high-risk and are eligible for Fee for Service (FFS) Medicaid, FAMIS, or FAMIS MOMS. Managed Care Organizations (MCOs) have their own high risk maternity and infant programs.</p> <p>Expanded prenatal services are available to any pregnant woman. MCOs have their own high risk maternity programs except for SATS which is covered only through the Department of Medical Assistance Services (DMAS).</p> |
| Service Requirements and Limitations for FFS | <ul style="list-style-type: none"> • Pregnant women are eligible for BabyCare during pregnancy and up to the end of the month of their 60 day post-partum. • Infants are eligible for MICC up to age two. • DMAS must prior authorize MICC services prior to billing for care coordination. • Mileage may only be billed in conjunction with care coordination services. |
| Forms | <p><u>Required for Preauthorization for MICC</u></p> <ol style="list-style-type: none"> 1. Maternity Risk Screen (DMAS-16) or Infant Risk Screen (DMAS-17) and 2. Maternal Care Coordinator Record (DMAS-50) <p><u>Required for Closure</u></p> <p>Pregnancy Outcome Report (DMAS-53) or Infant Outcome Report (DMAS-54)</p> <p><u>Other BabyCare Forms</u></p> <p>Service Plan (DMAS-52)</p> <p>Letter of Agreement (DMAS-55) or Letter of Agreement in Spanish (DMAS-55-S)</p> <p>Notification of MCO Enrollment (DMAS-56)</p> |

| <p>Enrollment Process</p> | <p>A physician, nurse practitioner or certified nurse midwife must initiate the referral of a pregnant woman or infant who meets at least one of the risk indicators identified on the Maternal or Infant Risk Screen (DMAS 16 or 17) and initiate a referral to a BabyCare provider. The BabyCare provider will then complete an assessment with the pregnant woman or caregiver of the infant, to see if the program is appropriate to meet the identified needs. The Risk Screen is not required for the patient education services for pregnant women.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Claims Information</p> | <p>BabyCare providers are agencies which have signed an agreement with DMAS. Please see the <u>BabyCare Manual</u> for specific provider requirements.</p> <table border="1"> <thead> <tr> <th data-bbox="435 617 667 646">Description</th> <th data-bbox="802 617 867 646">Code</th> <th data-bbox="1117 581 1308 646">Rates Effective 7/1/09</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 657 586 686">Risk Screen*</td> <td data-bbox="776 657 854 686">99420</td> <td data-bbox="922 657 1463 800"> <ul style="list-style-type: none"> • Under age 21 - \$8.43 • Above age 20 - \$6.60 (Maternal screens: 5 per provider/11 months) (Infant screens: 2 per provider/11 months) </td> </tr> <tr> <td data-bbox="435 810 667 840">MICC Assessment*</td> <td data-bbox="776 810 854 840">G9001</td> <td data-bbox="922 810 1409 840">\$25.00 (2 per provider / 11 month period)</td> </tr> <tr> <td data-bbox="435 869 667 934">Monthly MICC (Maternal or Infant)</td> <td data-bbox="776 869 854 898">G9002</td> <td data-bbox="922 869 1382 898">\$4.05/day (requires prior authorization)</td> </tr> <tr> <td data-bbox="435 951 651 980">Home Visit Travel</td> <td data-bbox="776 951 854 980">S0215</td> <td data-bbox="922 951 1458 1121"> \$0.49/mile (75 miles per day without additional documentation) (Must bill for care coordination same dates of service, prior to billing mileage) </td> </tr> <tr> <td data-bbox="435 1136 737 1201">Preparation for Childbirth Classes</td> <td data-bbox="776 1136 854 1165">S9442</td> <td data-bbox="922 1136 1360 1201"> \$6.00/session (6 sessions per provider per recipient) </td> </tr> <tr> <td data-bbox="435 1230 651 1295">Maternal Patient Education Classes</td> <td data-bbox="776 1230 854 1260">S9446</td> <td data-bbox="922 1230 1360 1295"> \$6.00/session (6 sessions per provider per recipient) </td> </tr> <tr> <td data-bbox="435 1325 662 1354">Smoking Cessation</td> <td data-bbox="776 1325 854 1354">S9446</td> <td data-bbox="922 1325 1360 1390"> \$6.00/session (6 sessions per provider per recipient) </td> </tr> <tr> <td data-bbox="435 1419 721 1449">Nutritional Assessment*</td> <td data-bbox="776 1419 854 1449">97802</td> <td data-bbox="922 1419 1284 1449">\$22.88 / assessment (One visit)</td> </tr> <tr> <td data-bbox="435 1486 688 1551">Nutritional Follow up visit*</td> <td data-bbox="776 1486 854 1516">97803</td> <td data-bbox="922 1486 1219 1516">\$20.06 / visit (Two visits)</td> </tr> <tr> <td data-bbox="435 1560 699 1589">Homemaker Services*</td> <td data-bbox="776 1560 854 1589">S5131</td> <td data-bbox="922 1560 1398 1625"> \$8.25/hour (Needs authorization for over 31days/124 hours) </td> </tr> </tbody> </table> <p data-bbox="435 1654 1398 1684">*Preauthorization is not required when billing for risk screen or MICC assessment.</p> <p data-bbox="435 1692 1003 1722">*Attachment of Risk Screen to claim is required.</p> | Description | Code | Rates Effective 7/1/09 | Risk Screen* | 99420 | <ul style="list-style-type: none"> • Under age 21 - \$8.43 • Above age 20 - \$6.60 (Maternal screens: 5 per provider/11 months) (Infant screens: 2 per provider/11 months) | MICC Assessment* | G9001 | \$25.00 (2 per provider / 11 month period) | Monthly MICC (Maternal or Infant) | G9002 | \$4.05/day (requires prior authorization) | Home Visit Travel | S0215 | \$0.49/mile (75 miles per day without additional documentation) (Must bill for care coordination same dates of service, prior to billing mileage) | Preparation for Childbirth Classes | S9442 | \$6.00/session (6 sessions per provider per recipient) | Maternal Patient Education Classes | S9446 | \$6.00/session (6 sessions per provider per recipient) | Smoking Cessation | S9446 | \$6.00/session (6 sessions per provider per recipient) | Nutritional Assessment* | 97802 | \$22.88 / assessment (One visit) | Nutritional Follow up visit* | 97803 | \$20.06 / visit (Two visits) | Homemaker Services* | S5131 | \$8.25/hour (Needs authorization for over 31days/124 hours) |
| Description | Code | Rates Effective 7/1/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk Screen* | 99420 | <ul style="list-style-type: none"> • Under age 21 - \$8.43 • Above age 20 - \$6.60 (Maternal screens: 5 per provider/11 months) (Infant screens: 2 per provider/11 months) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MICC Assessment* | G9001 | \$25.00 (2 per provider / 11 month period) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly MICC (Maternal or Infant) | G9002 | \$4.05/day (requires prior authorization) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Visit Travel | S0215 | \$0.49/mile (75 miles per day without additional documentation) (Must bill for care coordination same dates of service, prior to billing mileage) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preparation for Childbirth Classes | S9442 | \$6.00/session (6 sessions per provider per recipient) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal Patient Education Classes | S9446 | \$6.00/session (6 sessions per provider per recipient) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smoking Cessation | S9446 | \$6.00/session (6 sessions per provider per recipient) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nutritional Assessment* | 97802 | \$22.88 / assessment (One visit) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nutritional Follow up visit* | 97803 | \$20.06 / visit (Two visits) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Homemaker Services* | S5131 | \$8.25/hour (Needs authorization for over 31days/124 hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>DMAS Contacts</p> | <p>For MICC Prior Authorization: Phone: 804-786-6134 Fax: 804-225-3961 Mail: BabyCare at DMAS 600 East Broad Street Suite 1300 Richmond, Virginia 23219</p> <p>Other BabyCare Inquiries: Email: MICC@dmas.virginia.gov</p> <p>Medicaid Eligibility/Prior Authorization requests/Claims inquiries http://virginia.fhsc.com or MediCall voice response system at 1-800-884-9730 or 1-800-772-9996. These options are available at no cost to the provider.</p> | | | | | | | | | | | | | | | |
| <p>MCO Contacts for High Risk Maternity and Infant Case Management</p> | <table border="0"> <tr> <td>AMERIGROUP</td> <td><i>Taking Care of Baby and Me</i></td> <td>1-800-964-2112</td> </tr> <tr> <td>Anthem</td> <td><i>Future Moms</i></td> <td>1-800-828-5891</td> </tr> <tr> <td>CareNet</td> <td><i>Baby Matters</i></td> <td>1-800-279-1878</td> </tr> <tr> <td>Optima</td> <td><i>Partners in Pregnancy</i></td> <td>1-866-239-0618</td> </tr> <tr> <td>Virginia Premier</td> <td><i>Healthy Heartbeats</i></td> <td>Tidewater – 1-800-828-7989 - ext 2157 FAX - 1-757-466-1133 Roanoke/Danville/Lynchburg 1-888-338-4579 – ext. 5784 FAX - 1-800-827-7192 Richmond/Central/Western 1-800-727-7536 ext. 5710 FAX - 1-804-819-5186</td> </tr> </table> | AMERIGROUP | <i>Taking Care of Baby and Me</i> | 1-800-964-2112 | Anthem | <i>Future Moms</i> | 1-800-828-5891 | CareNet | <i>Baby Matters</i> | 1-800-279-1878 | Optima | <i>Partners in Pregnancy</i> | 1-866-239-0618 | Virginia Premier | <i>Healthy Heartbeats</i> | Tidewater – 1-800-828-7989 - ext 2157 FAX - 1-757-466-1133 Roanoke/Danville/Lynchburg 1-888-338-4579 – ext. 5784 FAX - 1-800-827-7192 Richmond/Central/Western 1-800-727-7536 ext. 5710 FAX - 1-804-819-5186 |
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| CareNet | <i>Baby Matters</i> | 1-800-279-1878 | | | | | | | | | | | | | | |
| Optima | <i>Partners in Pregnancy</i> | 1-866-239-0618 | | | | | | | | | | | | | | |
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