

## **BabyCare Frequently Asked Questions**

### **Risk Screens**

**1. How many Risk Screens can we bill? Are there required times during pregnancy that Risk Screens need to be done?**

There is not a DMAS requirement for when the Risk Screen to be completed. DMAS recommends the screen to be completed at initial visit. There are limits in the system for Risk Screens:

- a. Risk Screens for Infants is 2 per provider/site per 11 month period.
- b. Risk Screens for Maternal is 5 per provider/site per 11 month period.

**2. If we open someone and their Medicaid is not valid on the day of the Risk Screen, do we have to do another Risk Screen that is valid in order to open patient?**

No, we will just need to check eligibility and find out when the patient's Medicaid begins and then open them for their date of eligibility.

**3. The Risk Screen does not address single moms or pregnant client's living with a boyfriend who may not be around tomorrow. The client has moved frequently during the pregnancy. Would I consider this client high risk?**

If the client does not have an adequate support system or has inadequate housing that is putting her at risk for poor pregnancy outcomes, she would be considered at risk. Use the most appropriate risk available.

**4. If we get a Risk Screen from a private doctor, can we use that one to open patient to MICC or do we need to do one at Health Department?**

You can use the Risk Screen completed by the private doctor to initiate the referral for a MICC Assessment and open to MICC if eligible. Just be sure to include the date that you want us to open to MICC on the MICC Assessment form.

**5. If no risk factors were checked on the Risk Screen, can we mark care coordination with explanation in the comments?**

Yes.

**6. Do you only need a copy of the Risk Screen for the MICC admission only?**

For prior authorization for MICC, you do need to send a copy of the completed Risk Screen with the completed MICC Assessment DMAS 50 to DMAS/BabyCare. A Risk Screen is also required to be attached to the claims for payment for the Risk Screen, MICC Assessment, Nutritional Services and Homemaker Services.

## MICC Assessments

### **1. How many MICC Assessments (DMAS-50) can we bill?**

Limit is 2 per provider/site per 11 month period.

### **2. Can the MICC assessments be completed more than once and be counted as contacts?**

Yes, however the limit is 2 assessments per provider/site per 11 month period and the assessments have to be face-to-face.

## MICC Care Coordination

### **1. If an individual is enrolled in Mental Health or Substance Abuse targeted case management services and DMAS is being billed for these services, can the the individual also be enrolled in BabyCare services and billed to DMAS for MICC?**

Yes. As long as the services provided are not duplicative they can both be billed to DMAS.

### **2. Can we bill for care coordination prior to actually opening the client to MICC?**

The care coordinator should contact the client or client's caregiver to schedule a face-to-face meeting as soon as possible after receipt of the Risk Screen. A telephone call or collateral contact must be made, at a minimum, within 15 calendar days from the date the referral was received. A collateral contact is defined as contact with the client, primary care provider and/or the client's significant others to promote implementation of services. The begin date used for prior authorization will be the date that of the initial contact by the care coordinator (collateral or face-to-face) which is documented in Box #21 of the MICC Assessment (DMAS-50).

### **3. Is there a problem when a Health Department with only one or two nurses who act as the MICC care coordinator sees the client in clinic and bills for a case management visit concurrently with the clinic visit?**

No, they are two distinct services.

### **4. Are we required to follow a patient who speaks no English and has no home phone line to access translator services?**

There is no requirement from DMAS who your agency has to open for services, this would be dependent on your agency policy.

### **5. What do we need to send to get prior authorization for MICC Services?**

DMAS needs a copy of the completed Risk Screen (DMAS 16 or 17) and the MICC Assessment (DMAS 50).

**6. If we have a face to face in the Health Department with initial contact, does this count or do we need another contact within 15 days?**

There is a minimum of collateral contact within 15 calendar days of receipt of Risk Screen. If you are able to complete the face-to-face within that time frame, this would meet the criteria for initial contact.

**7. Does the G9001 Assessment fee have to be completed face to face in order to bill? If the full DMAS 50 is reviewed by the phone and they decline services on the phone, can we still bill?**

You can only bill for the MICC Assessment (G9001) if the face-to-face assessment is complete. The MICC assessment cannot be completed via telephone.

**8. Prior Authorizations for care coordination are including more than one client on the sheet. Will this change?**

There may be more than one recipient on the prior authorization notification.

**9. Why are we getting authorizations numbers for clients that are already closed?**

DMAS issued prior authorization numbers for those MICC enrollees who were continuing enrollment from October 31, 2008 to November 1, 2008. If you received a prior authorization for care coordination on a client that you have closed to MICC, please notify DMAS/BabyCare of the closing date.

**10. If home visits are scheduled, attempts are made and the client is not home when case manager goes out, can the agency bill for mileage?**

No, mileage is only reimbursable when a face-to-face is completed.

**11. Once an agency receives the Risk Screen and makes numerous attempts to contact the patient i.e. those attempts for the 60 days (attempts to contact) can we bill for that initial contact?**

Document your attempts and keep in medical record. Send a copy of the Risk Screen (DMAS 16 or 17) and the MICC Assessment (DMAS -50) with the demographic section, #21 and #81 complete so that DMAS can authorize the provider to bill for the time spent trying to engage the client in services.

**12. If we are submitting bills that dates of service are prior to Nov. 1, 2008, are we supposed to still get authorization?**

You would receive the email notification that you can bill for MICC services for dates of service prior to November 1, 2008. Dates of service after November 1, 2008 will require a prior authorization number.

**13. Do the MCO's authorize for care coordination for children over age 2?**

This is outside the scope of BabyCare services and will depend on the individual MCO.

**MICC Mileage**

**1. Is there still a maximum of 75 miles per day per enrollee for mileage code S0215?**

Yes, there is a limit of 75 miles per day per enrollee for mileage. Providers can choose to set the mileage dates of service to match the care coordination dates of services. For example, providers may bill for care coordination from 4/1/08 to 4/30/08 and could use the same time period for their mileage claim – 4/1/08 -4/30/08. The limits for mileage would then be increased to 75 x 30 = 2,250.

**Patient Education**

**1. What is the billing code to use for billing for car seat safety class?**

S9446

**2. Must they be open to MICC in order for us to bill for educational services?**

No.

**3. Is it possible to bill Medicaid Managed Care Organization's for car seat education?**

You will need to contact the MCO directly to see if this is a covered service and if you are an approved provider.

**4. If a client is educated on how to use the pack & play crib, is this billable under S9446?**

Yes, assuming that safe sleeping practices are covered. Please see Appendix A of the BabyCare provider manual for a list of approved educational classes at [www.dmas.virginia.gov](http://www.dmas.virginia.gov).

**5. If a client is attending a 10 session parenting education group, is it only billable for 6 sessions and not all ten?**

The Patient Education codes have a billing limit of 6 each code, per pregnancy, per provider. The Patient Education codes include:

- Childbirth classes (S9442)
- Smoking cessation (S9446)
- Parenting classes (S9446)

DMAS allowing for individual or class sessions, and are billable for dates of service up to 60 days postpartum.

- 6. The car seat safety classes usually take 90 minutes to 2 hours, and include video instruction, individual instruction on use of seat, and actual time of instruction on installation of seat. \$6.00 seems inadequate reimbursement for this amount of time. Is it possible to bill for this in multiple classes by breaking it into 3 sections or classes done in the same day?**

You could bill up to 6 sessions per 11 months, per provider/site. You would need to ensure that each session is documented separately to support billing for each session.

- 7. Is there a special form we need to bill for the car seat or can we do this by electronic billing?**

There is no special form to bill for the car seat session. Please follow the billing requirements in Chapter V and the documentation requirements in Chapter VI of the BabyCare provider manual.

- 8. With the car seat program, may we bill for education to parents of children up to 2 years of age or is the focus on the 60 days post partum?**

Virginia regulations allow for DMAS reimbursement for patient education classes to pregnant women only.

- 9. Who has to administer training for safety seats in order to bill?**

Provider requirements are listed in Chapter II of the BabyCare provider manual. If the provider is an employee of the Virginia Department of Health and authorized through the Health Department to perform car safety classes, no further approval from DMAS is needed to bill for the patient education classes. If employed outside the health department, DMAS will need to approve the provider qualifications prior to billing for patient education.

- 10. How do we bill for car seat classes without a Risk Screen?**

Submit the claim with procedure code “S9446”. Follow the billing instructions in Chapter V and documentation requirements in Chapter VI of the BabyCare provider manual.

- 11. What is the reimbursement rate for patient education and nutritional services?**

Preparation for Childbirth Classes	S9442	\$6.00/session (6 sessions)
Maternal Patient Education Classes	S9446	\$6.00/session (6 sessions)
Smoking Cessation	S9446	\$6.00/session (6 sessions)
Nutritional Assessment	97802	\$20.75 (One visit)
Nutritional Follow up visit	97803	\$18.29 (Two visits)

- 12. Are nutrition services billable only for pregnant clients?**

Yes.

**13. Can we back bill, up to 11 months for nutritional assessments?**

Providers have up to one year from date of service to submit initial claim. Nutritional services do require a completed Risk Screen to be attached to the claim for payment.

**14. Can an RD working in the WIC program do Nutritional Assessments?**

RDs in the WIC program are qualified for performing Nutritional Assessments. *The Virginia Department of Health will notify the RDs in the WIC clinics what the Health Department recommendations will be regarding billing DMAS for the Nutritional Assessments and Counseling Services.*

**15. Will MCO's pay for 97802 nutritional assessments and 97803?**

Yes for participating providers. DMAS is polling the MCOs regarding coverage of these procedure codes and will share with VDH once completed.

**General Questions**

**1. What MCO's provide services in Northwest Virginia?**

MCO coverage areas are listed on the DMAS website at:  
[http://www.dmas.virginia.gov/downloads/pdfs/mc-mdlnII\\_cov\\_areas.pdf](http://www.dmas.virginia.gov/downloads/pdfs/mc-mdlnII_cov_areas.pdf)

**2. Is there any reimbursement for translation services?**

No.

**3. We are an electronic biller with Medicaid. How do we attach forms?**

Follow instructions on DMAS 3 form. The DMAS-3 form is to be used by EDI billers only to submit a non-electronic attachment to an electronic claim. The DMAS 3 form is located on the web at: <http://www.dmas.virginia.gov/downloads/forms/dmas-3.pdf>

**4. Has the BabyCare Information booklet been replaced by the March of Dimes "My Nine Months"?**

Yes.