

G. BILLING FOR SERVICES TO CHILDREN IN MANAGED CARE ORGANIZATIONS (MCOs)

Most children are enrolled in MCOs and therefore providers must be familiar with the specific instructions for billing and reporting encounters for each MCO. Please refer to each MCO's Provider Manual.

Recipients must obtain all services except services excluded through their MCO. The recipient's Primary Care Provider (PCP) will give referrals for specialty care.

Suggested Checklist for Billing MCO

1. Verify through the EVS and the applicable MCO that the child is enrolled with HealthChoice and with your practice.
2. Use the Current Procedural Terminology (CPT) Preventive Medical Services codes.
3. Submit encounter data (for capitation reporting or claim submission) to the respective MCO. Follow the MCO's instructions found in the applicable MCO Provider Manual.
4. For Children in State-supervised care, the MCOs must pay the initial exam as a self-referred service. **Use codes 99381–99385** for full screen. Follow the respective MCO directions for submitting vaccine claim information.
5. Follow the directions from each MCO concerning CPT codes for VFC vaccine administration. **All PCPs participating with MCOs who serve patients younger than 19 years of age must enroll with the Vaccines for Children (VFC) Program.**
6. For provider-purchased vaccine stock administered to patients 19-20 years of age, bill the MCOs by submitting the vaccine-specific CPT code following the MCO directions. Since Vaccines for Children (VFC) program does not cover patients 19 years of age and older, the MCO is responsible for reimbursement of vaccines administered to this age group and reimbursement is generally at acquisition costs.
7. The MCO is also responsible for all medically necessary vaccines for patients not covered by the VFC Program. For example, vaccine such as Synagis is not currently included in the VFC Program and therefore providers should bill the MCO.
8. If you are not part of an MCO and a recipient identified by EVS as an MCO recipient sees services from you for which an MCO is responsible, you may contact the MCO to determine if it will approve payment for rendered services. Otherwise, the MCO has no obligation to reimburse you. If the recipient-required services are emergency services, you may provide the appropriate services and expect to be reimbursed by the MCO by billing the MCO directly. If you provided non-emergency services without MCO authorization, Medical Assistance will not reimburse you.

Newborn Billing Information

Medical Assistance will automatically cover all infants born to women with MA coverage on the date of delivery through their first birthday. The Program, however, cannot issue the newborn's card until the hospital or Department of Social Services' worker notifies Department of Health and Mental Hygiene (DHMH). DHMH will enroll the newborn upon receipt of the Hospital Report of Newborn form (DHMH-1184). Since 2012, DHMH enrolls newborns online via the Program's *eMedicaid* application (1184 process). For detailed instructions, refer to [1184 New Born Processing-eMedicaid Manual](#).¹ The 1184 process serves to initiate the child's temporary MA number and notify the appropriate MCO of the newborn's enrollment.

For all mothers with MA at the time of delivery, the newborn's **temporary MA number** is the same as the mother's number except for the last two digits. The last two digits are 01 for the first baby and consecutively increasing numbers for subsequent children. The permanent number and card will be issued after the local Health Department or Department of Social Services completes the transaction, usually within 4 weeks.

Infants born to mothers enrolled in a MCO will be enrolled in the mother's MCO. To assure coordination of care, a *Newborn Coordinator* is assigned to each MCO to handle newborn assignment in the MCOs (Refer to Section 8).

If the mother does not have MA at the time of delivery, an application can be completed in the hospital and sent to Medical Assistance for eligibility determination. If the newborn is determined eligible, coverage starts on the first day of the month on which the application was submitted.

Do not bill Medical Assistance for services to newborns using the mother's number. If the mother was eligible, use the temporary newborn MA number that has been assign. **Contact the Newborn Coordinator of the mother's MCO for problems encountered with newborn MA numbers or eligibility.** If you are unable to determine the mother's MCO, or the mother was not enrolled in Medicaid at the time of delivery, call the **Health Choice Hot Line at 1-800-456-8900** for assistance. A *Provider Action Grid* is included to assist providers with issues that may arise in the newborn period (Refer to Section 1, Addendum).

Providers should bill MA directly for children who are not enrolled with an MCO. If you provide any health care services to a recipient enrolled in an MCO, you must seek reimbursement from the MCO. For example, if an out-of-plan provider renders the initial medical examination of a newborn in the hospital, because the MCO does not arrange for a network provider, the MCO must reimburse this service as a self-referral service at no less than the Medicaid rate. **Use CPT Code 99460** (eff. 1/1/09).

¹ See <https://mmcp.dhmh.maryland.gov/docs/1184%20E-Medicaid%20Manual%20New%20Born%20Processing.pdf>