

SECTION 8

DEPARTMENT OF HEALTH AND SENIOR SERVICES WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)

The Department of Health and Senior Services Women, Infants and Children (WIC) program is a special nutrition program which provides services to pregnant women, new mothers, infants and children up to their fifth birthday based on nutritional risk and income eligibility. The primary services provided by contracted providers are health screening, risk assessment, nutrition education and counseling, breastfeeding promotion and referrals to health care. Many of the persons may receive MO HealthNet benefits.

Local WIC providers are the contact point for participants receiving WIC services. There are approximately 242 clinics throughout the state. While most are local public health agencies some can be other agencies including Federally Qualified Health Centers (FQHCs) and hospitals. These providers contract with the Department of Health and Senior Services to provide WIC services in their communities.

What makes a participant eligible for WIC?

An applicant is considered eligible for WIC when they are determined categorically, residentially and income eligible. Being Categorical Eligible includes:

- Women who are:
 - Prenatal;
 - Breastfeeding postpartum, nursing a baby up to one year old; or
 - Non-breastfeeding postpartum, up to six months after a pregnancy has ended.
- Infants, a child under one year old;
- Children, from one year old up to age five.

Categorical Eligibility can be self-declared for participants unless you have reason to doubt a participant. In addition to Categorical Eligibility, participants must be residents and within income guidelines. These items must be documented on the WIC-30 along with a proof of ID.

Applicants or participants are adjunct income eligible when they can prove that they are eligible for MO HealthNet; or, who have presumptive eligibility for Temporary MO HealthNet and TANF; or, are members of a household eligible for TANF or Food Stamps; or, are members of a household with a prenatal or infant eligible for MO HealthNet. Adjunct Income Eligibility only applies to income eligibility.

Can a local public health agency bill MO HealthNet for WIC services?

Yes, under certain circumstances. To receive MO HealthNet reimbursement, a provider of WIC services must have a National Provider Identifier (NPI) and have entered into

and maintain a valid participation agreement with MO HealthNet. Authority to take such action is contained in Missouri Code of State Regulations, 13 CSR 70-3.020. Each provider type has specific enrollment criteria, e.g. licensure, certification, Medicare certification, etc., which must be met.

WIC agencies with MO HealthNet NPIs for the agency and the performing provider (physician or nurse practitioner) may bill for a minimal office visit (CPT code 99211) and for a hemoglobin lab (CPT code 85018) performed during a certification or re-certification of MO HealthNet eligible WIC clients only if the agency is able to substantiate its costs exceed any amounts received from other sources of funding. Costs associated with the WIC services are non-reimbursable costs for Federally Qualified Health Centers (FQHCs).

If the WIC provider cannot substantiate that its costs do not exceed funds received from other sources, then the agency cannot bill MO HealthNet for the WIC services.

Typical procedure and diagnosis codes for a WIC service to a mother might be the following.

Minimal Office Visit	Procedure Code	99211
	Diagnosis Code	V70.3
Hemoglobin lab	Procedure Code	85018
	Diagnosis Code	V70.3