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1.0 Description of the Service

A Home Visit for Newborn Care and Assessment delivers health, social support, and/or educational services directly to families in their homes. A home visit for newborn care and assessment is a means to follow up on the infant's health; to counsel on infant care; to follow up on newborn screening; and to arrange for additional appointments for the infant.

The goals of the home visit for newborn care and assessment are

- a. to provide a key mechanism for reaching families early with preventive and anticipatory services;
- b. to provide opportunities for timely referral of problems; and
- c. to provide a link with children's preventive health services.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Limitations

Infants aged birth to 60 days who receive Medicaid are eligible for this service.

2.3 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination** (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

****EPSDT and Prior Approval Requirements**

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

Basic Medicaid Billing Guide: <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

EPSDT provider page: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

3.0 When the Service Is Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

A home visit for newborn care and assessment is covered within two or three weeks following discharge from the hospital, but no later than 60 days after delivery.

4.0 When the Service Is Not Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

A home visit for newborn care and assessment is not covered when the criteria listed above are not met.

5.0 Requirements for and Limitations on Coverage

A home visit for newborn care and assessment must be a one-on-one, face-to-face visit conducted in the client's home. This includes, but is not limited to, assessment, counseling, teaching, and referral to other service providers for additional services. A home visit for newborn care and assessment must follow the curriculum requirements outlined on the Newborn Home Visit form (DEHNR T774 Rev. 3/93).

6.0 Providers Eligible to Bill for the Service

Federally Qualified Health Centers, local health departments, and Rural Health Clinics are eligible to provide this service.

The service must be rendered by a registered nurse (RN).

7.0 Additional Requirements

An RN who is not a maternity care coordinator or child service coordinator is required to coordinate services, when applicable. The RN making a home visit for newborn care and assessment must

- a. discuss the past and current medical history of the mother and child with the maternity care coordinator and/or child service coordinator;
- b. discuss the plan of care or service coordination goals with the maternity care coordinator and/or child service coordinator prior to the home visit, so that tasks listed in the plan of care can be addressed during the home visit; and
- c. contact the family to schedule a convenient time for the home visit and to explain its purpose.

Following the home visit for newborn care and assessment, the RN must

- a. document findings in the mother's record and in the child's record as they apply;
- b. discuss observations with the maternity care coordinator and/or child service coordinator; and
- c. update the maternity care coordination and/or child service coordination plan of care, as applicable.

When a child is not eligible for child service coordination and the mother is receiving maternity care coordination, the RN making a home visit for newborn care and assessment must

- a. review available records from the referral contact;
- b. review prior medical records of the mother (and/or the child) prior to the home visit; and
- c. contact the client to schedule a time for the home visit and to explain its purpose.

Following the home visit for newborn care and assessment, the RN must

- a. document findings in the appropriate records and
- b. make referrals to other agency and community resources as indicated by the findings and as agreed to by the family.

An RN who is the family's maternity care coordinator and/or child service coordinator may make a home visit for newborn care and assessment in lieu of—or in addition to—regularly scheduled maternity care coordination and/or child service coordination activities. Coordination between the maternity care coordination and child service coordination programs is required.

Coordination of care strategies must be identified by all caregivers to avoid duplication of services.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

A home visit for newborn care and assessment is reimbursed once per lifetime. An infant cannot receive both the home visit for newborn care and assessment and the EPSDT home visit for newborn care and assessment.

A home visit for newborn care and assessment must be billed per date of service. A home visit for newborn care and assessment and a home visit for postnatal assessment and follow-up care can be reimbursed when provided on the same date of service.

A home visit for newborn care and assessment cannot be reimbursed when provided on the same date as the following services:

- a. Child service coordination
- b. Maternal care skilled nurse home visit
- c. Maternal outreach worker services
- d. Maternity care coordination

8.1 Claim Type

CMS-1500 (HCFA-1500)

8.2 Diagnosis Codes That Support Medical Necessity

V20.2—Routine infant or child health check

8.3 Procedure Code(s)

CPT code 99502—Home visit for newborn care and assessment

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: October 1, 2002

Revision Information:

Date	Section Revised	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	Text stating that providers must comply with Medicaid guidelines was added to Section 8.0 (now Attachment A).

Date	Section Revised	Change
12/1/05	Section 2.3	The Web address for DMA's EDPST policy instructions was added to this section.
12/1/06	Sections 2 through 4	A special provision related to EPSDT was added.
5/1/07	Sections 2 through 4	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age