

## **Table of Contents**

1.0	Description of the Service.....	1
2.0	Eligible Recipients.....	1
2.1	General Provisions.....	1
2.2	Limitations.....	1
2.3	EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age.....	1
3.0	When the Service Is Covered.....	2
4.0	When the Service Is Not Covered.....	2
5.0	Requirements for and Limitations on Coverage.....	3
6.0	Providers Eligible to Bill for the Service.....	3
7.0	Additional Requirements.....	3
8.0	Billing Guidelines.....	3
8.1	Claim Type.....	4
8.2	Diagnosis Codes That Support Medical Necessity.....	4
8.3	Procedure Code(s).....	4
8.4	Reimbursement Rate.....	4
9.0	Policy Implementation/Revision Information.....	4

## **1.0 Description of the Service**

Maternal Care Skilled Nurse Home Visits assess and treat pregnant women who have one or more of the high-risk medical conditions specified below.

## **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**

Pregnant women who receive Medicaid and have one or more of the high-risk medical conditions listed below 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.

Maternal care skilled nurse home visits are covered when a client has one or more of the following high-risk medical conditions or diagnoses: preterm labor, hypertension, pre-eclampsia, diabetes, suspected fetal growth retardation, multiple pregnancy, renal disease, HIV infection/AIDS, perinatal substance abuse, and/or other high-risk medical conditions. The client must be referred by their prenatal care physician or physician extender (certified nurse midwife, nurse practitioner, physician assistant).

### 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.

Maternal care skilled nurse home visits are not covered when criteria listed above are not met.

## **5.0 Requirements for and Limitations on Coverage**

A maternal care skilled nurse home visit must be a one-on-one, face-to-face visit conducted in the client's home.

Maternal care skilled nurse home visits include the following components that must be performed:

- a. Previsit preparation: review of prenatal, maternity care coordination services, and other records to identify special problems and needs that may require follow-up
- b. Home visit
- c. assessment of the high-risk condition(s)
- d. treatment in the home as outlined in the referral from the medical care provider
- e. Referral/documentation
- f. referrals made to Maternity Care Coordinator, Women, Infant, and Children (WIC) Special Supplemental Nutrition program, and other providers if needed
- g. written findings of the home visit sent to the medical provider
- h. Consultation: consultation between the registered nurse (RN) and the maternity care coordinator before and after the home visit, when the RN is not the maternity care coordinator

## **6.0 Providers Eligible to Bill for the Service**

Local health departments are eligible to provide this service.

The service must be rendered by an RN skilled in maternity care.

## **7.0 Additional Requirements**

At a minimum, the client's record must include the following documentation:

- a. Client's name and date of birth
- b. Client's Medicaid identification number (MID)
- c. Dates of service
- d. Referral from the prenatal care physician or physician extender
- e. Plan of treatment/care and outcome
- f. Name and title of person performing the service

## **8.0 Billing Guidelines**

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

Maternal care skilled nurse home visits are reimbursed up to two visits per month. Additional visits may be requested through the claims adjustment process. Claims for additional visits will be considered for reimbursement only when conditions of coverage are met and documentation supports medical necessity.

Maternal care skilled nurse home visits cannot be reimbursed when provided on the same date as the following services:

- a. Child service coordination
- b. Home visit for newborn care and assessment
- c. Home visit for postnatal assessment and follow-up care
- d. Maternity care coordination

A maternal care skilled nurse home visit must be billed per date of service.

### **8.1 Claim Type**

CMS-1500 (HCFA-1500)

### **8.2 Diagnosis Codes That Support Medical Necessity**

V22.0	Supervision of normal first pregnancy
V22.1	Supervision of other normal pregnancy
V22.2	Pregnant state, incidental
V23.0	Pregnancy with history of infertility
V23.1	Pregnancy with history of trophoblastic disease
V23.2	Pregnancy with history of abortion
V23.3	Grand multiparity
V23.4	Pregnancy with other poor obstetric history
V23.5	Pregnancy with other poor reproductive history
V23.7	Insufficient prenatal care
V23.81	Elderly primigravida
V23.82	Elderly multigravida
V23.83	Young primigravida
V23.84	Young multigravida
V23.89	Other high-risk pregnancy
V23.9	Unspecified high-risk pregnancy

### **8.3 Procedure Code(s)**

HCPCS code T1001—Nursing assessment/evaluation

### **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:**

<b>Date</b>	<b>Section Revised</b>	<b>Change</b>
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).
12/1/05	Section 2.3	The web address for DMA's EDPST policy instructions was added to this section.

<b>Date</b>	<b>Section Revised</b>	<b>Change</b>
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.