

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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MEDICAID BULLETIN

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TO: All Providers of Postpartum/Infant Home Visits

SUBJECT: Changes to Program Guidelines and Rates

Medicaid currently reimburses for a Postpartum/Infant Home Visit by a nurse within 14 days of delivery. This often does not allow for a visit to the mother/infant if their hospital discharge was delayed due to medical complications. Because the most fragile infants are frequently not discharged until after 14 days, the following changes in the Postpartum/Infant Home Visit program will be implemented effective with dates of service starting on or after February 1, 2006:

Postpartum/Infant Home Visit (procedure code 99501)

- The initial visit must be made within six (6) weeks after delivery.
- The initial visit may be billed only one time per pregnancy. For example, if the mother and twins, triplets, etcetera are present - only one procedure code 99501 may be billed for that visit.

Repeat Postpartum/Infant Home Visit (procedure code 99501-52)

A Repeat Visit may be made in the event of the following two instances:

- When the nurse makes the initial Postpartum/Infant Home Visit, occasionally the mother or the infant is not present. The repeat visit to see the absent individual can be done and must be billed as a repeat visit using that person's Medicaid number.

- The mother or infant has an acute medical problem (e.g., the mother/infant has a fever), which requires follow-up.

Pre-Discharge Home Visit (procedure code T1028-HA)

- No changes.

Rate changes have been implemented beginning with July 1, 2004 dates of service. Because the rate changes are retroactive, providers will receive adjusted payments for claims that had previously been paid. The rate changes are as follows:

Procedure Code Description	Procedure Code	Reimbursement Rate Prior to July 1, 2004	Revised Rate Effective July 1, 2004
Postpartum/Infant Home Visit	99501	\$65.00	\$96.64
Repeat Postpartum/Infant Home Visit	99501-52	\$25.00	\$36.72
Pre-Discharge Home Visit	T1028-HA	\$32.00	\$48.32

For complete programmatic guidelines please see Section 2, pages 19–23 of the Medicaid Enhanced Services Manual dated 09/01/05. It may be found at the South Carolina Department of Health and Human Services website at www.dhhs.state.sc.us.

Questions regarding this Medicaid Bulletin may be directed to your Program Manager at (803) 898-4614.

/s/

Robert M. Kerr
Director

RMK/ghph

Note: To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.dhhs.state.sc.us/dhhsnew/QLbulletins.asp>