



Extended Pregnancy (Smart Start) Services Provider Specific Policy

Revision Table

Revision Date	Sections Revised	Description
7/1/02	All	Complete manual revision to reflect changes related to the MMIS and HIPAA compliance.
4/13/04	7.0	The modifier TH is being removed from Appendix B.
4/20/04	1.1.3	Providers of extended pregnancy services must ensure that all professional staff are properly licensed and the licenses are current. This clarification is being added to the Provider Responsibility section of the manual.
8/20/04	2.1.3, 6.0 and 7.0	It is no longer applicable for providers to use local codes. Therefore, Appendix A and references to Appendix A are removed from the manual.
5/8/07	7.0	Updated S9127 Procedure Code description
9/18/08	Overview	Removed obsolete numbering.

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Health care services are provided to the majority of Medicaid clients through the Diamond State Health Plan (DSHP), Medicaid's managed care program. Extended pregnancy services are included in the managed care benefits package. Refer to the Managed Care section of the General Policy for information related to the DSHP as well as the required forms and procedures related to Diamond State Partners (DSP). All Medicaid clients who are enrolled with a managed care organization (MCO) must receive extended pregnancy services through the MCO.

This manual reflects the policies as they relate to Medicaid clients who are exempt from managed care coverage.

1.0 General Criteria

1.1 Provider Responsibilities

- 1.1.1 It is the responsibility of the extended pregnancy service provider to maintain a detailed record that clearly documents:
 - 1.1.1.1 Medical and psycho-social assessments
 - 1.1.1.2 Completed care plan that addresses needs identified during the assessments
 - 1.1.1.3 Services provided and the length of each visit
 - 1.1.1.4 Contacts with the attending physicians and copies of physician's orders as applicable
 - 1.1.1.5 Regular team meetings to assess progress and update care plans
 - 1.1.1.6 Discharge Plan
 - 1.1.1.7 Birth outcome information
- 1.1.2 It is the responsibility of the extended pregnancy service provider to assure the services delivered are necessary and reasonable.
- 1.1.3 It is the responsibility of the provider to ensure that professional licenses of staff members are current.

1.2 General Information

- 1.2.1 Claims may be denied or dollars recovered if the record has insufficient documentation.

- 1.2.2 To qualify for extended pregnancy services the client must have a valid Medical Assistance card and the services must be prior authorized.
- 1.2.3 It is the responsibility of the extended pregnancy service provider to assure that services delivered are necessary and reasonable.
- 1.2.4 The provider may continue services for a minimum of sixty or a maximum of ninety days postpartum period.
- 1.2.5 The extended pregnancy services may be provided in the client's home, in an outpatient clinic, the provider's office, school, or friend/relative's home, etc. The location must provide privacy for client confidentiality.

2.0 Services

2.1 Covered Services

2.1.1 An approved client is eligible for all services normally covered by Medicaid.

2.1.2 After an initial visit to determine risk factors, the client may receive the following services with prior authorization:

2.1.2.1 Nutrition assessments, counseling and education

2.1.2.2 Nursing assessment, education and referral to needed medical services

2.1.2.3 Social services as medically necessary to assure psychosocial issues are not complicating the pregnancy

2.1.3 When billing for extended pregnancy (Smart Start) services, providers should use the procedure codes indicated in Appendix B as appropriate.

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3.0 Care Plan

3.1 Overview

- 3.1.1 A care plan based on the client's needs is to be developed by the provider in cooperation with the client and the attending physician.
- 3.1.2 Care plans are to be reviewed by the care team and updated as necessary to assure that the clients current needs are being met.
- 3.1.3 The care team is made up of a nurse, nutritionist and a social worker who are employed by the authorized contract agency.

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4.0 Prior Authorization

4.1 Requirements

- 4.1.1 All clients must have prior authorization from the Administrator in order for the provider to submit a bill for services to the Delaware Medical Assistance Program (DMAP).
- 4.1.2 Providers must request prior authorization before a payment can be made. Requests may be made by submitting a Screening Form to the Extended Pregnancy (Smart Start) Services Program Administrator at the DMAP State office. See Index in the back of the General Policy for the address.
- 4.1.3 If prior authorization is granted, the billing provider will receive notification of the prior authorization number. The prior authorization number must appear in block 23 on the CMS-1500 or in the REF 02 segment of the 837 Professional (loop 2300 – Claim Information, Prior Authorization or Referral Number).

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5.0 Unit of Service

5.1 General Information

- 5.1.1 A unit of service is fifteen (15) minutes of elapsed time that has been devoted to providing direct client services.
- 5.1.2 The provider may bill the DMAP at the negotiated fifteen (15) minute rate for all time devoted to providing direct client services. Documentation must be sufficient to verify time spent in direct client services.
- 5.1.3 The cost of providing indirect services, as record keeping, team meetings, transportation, child care, and telephone contacts, can not be billed separately as the negotiated hourly rate encompasses these services.

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Reserved

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HCPCS Procedure Codes for Extended Pregnancy Services

7.0 Appendix B – HCPCS Procedure Codes

Providers should use the following procedure codes when billing the DMAP for Extended Pregnancy services for dates of service on and after 7/1/02.

Code	Description
T1002	RN services, up to 15 minutes
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
S9127	Social work visit, in the home, per diem (used by DMAP as each 15 minutes)

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