12VAC30-50-220. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

A. Diagnostic services are provided but only when necessary to confirm a diagnosis.

B. Screening services.

1. Screening mammograms for the female recipient population aged 35 and over shall be covered, consistent with the guidelines published by the American Cancer Society.

2. Screening PSA (prostate specific antigen) and the related DRE (digital rectal examination) for males shall be covered, consistent with the guidelines published by the American Cancer Society.

3. Screening Pap smears shall be covered annually for females, consistent with the guidelines published by the American Cancer Society.

C. Maternity length of stay and early discharge.

1. If the mother and newborn, or the newborn alone, are discharged earlier than 48 hours after the day of delivery, DMAS will cover one early discharge follow-up visit as recommended by the physicians in accordance with and as indicated by the most current version of or an official update to the "Guidelines for Perinatal Care" as developed by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (1992). The mother and newborn, or the newborn alone if the mother has not been discharged, must meet the criteria for early discharge to be eligible for the early discharge follow-up visit. This early discharge follow-up visit does not affect or apply to any usual postpartum or well-baby care or any other covered care to which the mother or newborn is entitled; it is tied directly to an early discharge. ~~The criteria for an early discharge are as follows~~:

~~a. Discharge criteria for early discharge of mother.~~

~~(1) Uncomplicated vaginal, full-term delivery following a normal antepartum course;~~

~~(2) Postpartum observation has sufficiently documented a stable course, including the following observations:~~

~~(a) Vital signs are stable;~~

~~(b) Uterine fundus is firm, bleeding (lochia) is controlled, of normal amount and color;~~

~~(c) Hemoglobin is greater than eight, hematocrit is greater than or equal to 24 and estimated blood loss is not greater than 500 cc or blood loss does not result in the patient being symptomatic for anemia, i.e., lightheadedness, syncope, tachycardia, or shortness of breath;~~

~~(d) Episiotomy/repaired laceration is not inflamed and there is no evidence of infection or hematoma;~~

~~(e) Tolerating prescribed diet post delivery;~~

~~(f) Voiding without difficulty and passing flatus. Bowel sounds present; and~~

~~(g) If not previously obtained, ABO and Rh typing must be done and, if indicated, the appropriate amount of Rho(D) immunoglobin must be administered.~~

~~b. Discharge criteria for early discharge of infant. The newborn must be deemed normal by physical examination and stable meeting the following criteria:~~

~~(1) Term delivery and weight is considered normal;~~

~~(2) Infant is able to maintain a stable body temperature under normal conditions;~~

~~(3) Infant is able to take and tolerate feedings by mouth and demonstrates normal sucking and swallowing reflexes;~~

~~(4) Laboratory data must be reviewed to include:~~

~~(a) Maternal testing for syphilis and hepatitis B surface antigen;~~

~~(b) Cord or infant blood type and direct Coombs test (if the mother is Rho(D) negative, or is type O, or if screening has not been performed for maternal antibodies);~~

~~(c) Hemoglobin or hematocrit and blood glucose determinations, as clinically indicated; and~~

~~(d) Any screening tests required by law.~~

~~(5) Initial hepatitis B vaccine must be administered in accordance with the time requirements in the current Recommended Childhood Immunization Schedule developed by the Advisory Committee on Immunization Practices under the requirements of §1905(r)(1) of the Social Security Act (42 USC §1396 d).~~

~~c. Discharge criteria for early discharge of mother and infant.~~

~~(1) Family members or other support persons must be available to the mother for the first few days following discharge;~~

~~(2) The mother or caretaker has demonstrated the ability to care for her infant, including feeding, bathing, cord care, diapering, body temperature assessment, and measurement with a thermometer;~~

~~(3) The mother or caretaker has been taught basic assessment skills, including neonatal well-being and recognition of illness. She verbalizes understanding of possible complications and has been instructed to notify the appropriate practitioner as necessary; and~~

~~(4) A physician-directed source of continuing medical care for both mother and baby must be identified and arrangements made for the baby to be examined within 48 hours of discharge.~~

2. The early discharge follow-up visit must be provided as directed by a physician. The physician may coordinate with the provider of his choice to provide the early discharge follow-up visit, within the following limitations. Qualified providers are those hospitals, physicians, nurse midwives, nurse practitioners, federally qualified health clinics, rural health clinics, and health departments clinics that are enrolled as Medicaid providers and are qualified by the appropriate state authority for delivery of the service. The staff providing the follow-up visit, at a minimum, must be a registered nurse having training and experience in maternal and child health. The visit must be provided within 48 hours of discharge.

~~3. The visit must include, at a minimum, the following:~~

~~a. Maternal assessment must include, but is not limited to:~~

~~(1) Vital signs;~~

~~(2) Assessment of lochia, height and firmness of the uterus;~~

~~(3) Assessment of the episiotomy, if applicable;~~

~~(4) Assessment for and of hemorrhoids;~~

~~(5) Assessment of bowel and bladder function;~~

~~(6) Assessment of the breasts, especially the nipples if the mother is breast feeding. Assessment of the mother's understanding of breast/nipple care and understanding of proper care;~~

~~(7) Assessment of eating habits for nutritional balance, stressing good nutrition especially in the breast feeding mother;~~

~~(8) Assessment for signs and symptoms of anemia and, if present, notification of the responsible physician for further instructions;~~

~~(9) Confirmation that the mother has an appointment for a six-week postpartum check-up; and~~

~~(10) Identification of the need for and make referrals to the appropriate resources for identified medical, social, and nutritional concerns and needs.~~

~~b. Newborn assessment must include, but is not limited to:~~

~~(1) Vital signs;~~

~~(2) Weight;~~

~~(3) Examination of the umbilical cord and circumcision, if applicable;~~

~~(4) Assessment of hydration status;~~

~~(5) Evaluation of acceptance and tolerance of feedings, including the frequency of feeds and the amount taken each feed. If possible, observation of the mother or caretaker feeding the infant for technique assessment;~~

~~(6) Assessment of bowel and bladder function;~~

~~(7) Assessment of skin coloration; if the infant demonstrates any degree of jaundice, notification of the physician for further instruction. If infant is pale, mottled, lethargic, or with poor muscle tone, immediate notification of the physician for further instruction;~~

~~(8) Assessment of infant behavior, sleep/wake patterns;~~

~~(9) Assessment of the quality of mother/infant interaction, bonding;~~

~~(10) Blood samples for lab work, or a urine sample as directed by state law, physician, or clinical judgment;~~

~~(11) Confirmation that the infant has an appointment for routine two-week check up;~~

~~(12) Discussion with the mother or caretaker planning for health maintenance, including preventive care, periodic evaluations, immunizations, signs and symptoms of physical change requiring immediate attention, and emergency services available; and~~

~~(13) Identification of the need for and make referrals to any other existing appropriate resources for identified medical, social and nutritional concerns and needs.~~