

TABLE OF CONTENTS
CHAPTER TWENTY-ONE
NURSE MIDWIFE PROGRAM

Rule	Title	Page
560-X-21-.01	Legal Authority for the Nurse-Midwife Program	1
560-X-21-.02	General	1
560-X-21-.03	Participation	1
560-X-21-.04	Reimbursement	2
560-X-21-.05	Covered Services	3
560-X-21-.06	Required Written Records	5
560-X-21-.07	Payments to physicians	5
560-X-21-.08	Third Party Requirements	6
560-X-21-.09	Billing of Medicaid Recipients	6

Chapter 21. Nurse Midwife Program

Rule No. 560-X-21-.01. Legal Authority for the Nurse Midwife Program.

(1) Alabama Law provides rules under which properly trained nurses can be licensed to practice the profession of Nurse Midwifery (Alabama Code, Section 34-19-2, et seq.).

(2) Federal Law (Title XIX, Sections 1905[a][17] and [m]) requires that the Medicaid Program in each state include the services of nurse midwives as a mandated service.

(3) These regulations state the conditions under which the services of nurse midwives are covered by the Medical Assistance Program of the Alabama Medicaid Agency.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R., Sections 440.210, 440.165, 441.220, and 441.21. Code of Alabama, Section 34-19-2, et seq. Rule effective October 1, 1982. Emergency amendment June 14, 1993. Amended August 12, 1993. Effective date of this amendment March 15, 1994.

Rule No. 560-X-21-.02. General.

(1) Providers in this program are limited to persons who are licensed as "Registered Nurse" and who are also licensed as "Certified Nurse Midwife."

(2) Nurse Midwifery practice is defined as the management of care for normal healthy women and their babies in the areas of prenatal; labor and delivery; postpartum care; well-woman gynecology, including family planning services; and normal newborn care.

(3) The practice of Nurse Midwifery must be done under appropriate physician supervision.

(4) The services provided by nurse midwives must be within the scope of practice authorized by state law and regulations.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. Sections 440.165, and 441.21. Code of Alabama Section 34-19-2 et seq. Rule effective October 1, 1982. Emergency amendment June 14, 1993. Amended August 12, 1993. Effective date of this amendment March 15, 1994.

Rule No. 560-X-21-.03. Participation.

(1) In order to participate in the program a nurse midwife must complete an enrollment application, be approved for enrollment, sign a contract, and be issued a provider number.

(2) Only in-state and borderline out-of-state (within a 30-mile radius of Alabama's state line) providers who meet enrollment requirements are eligible to participate in the Alabama Medicaid Program.

(3) Nurse Midwives who want to participate in the Medicaid program should contact the Medicaid Agency for an enrollment application. Send the request to:

Administrator of Nurse Midwife Program
Alabama Medicaid Agency
501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

(4) The completed application form along with a copy of current registered nurse and nurse midwife licensure, plus a copy of the written signed agreement between the nurse midwife and the physician consultant should be returned to the same address at the Alabama Medicaid Agency. If the application is approved, Medicaid will offer the applicant a one year renewable contract.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. Sections 401, et seq., 440.165, 441.21; Code of Alabama Section 34-19-2, et seq. Rule effective October 1, 1982. Effective date of this emergency amendment June 14, 1993. Effective date of this amendment August 12, 1993.

Rule No. 560-X-21-.04. Reimbursement.

(1) Nurse midwives may submit claims and be reimbursed only for those procedure codes authorized by Medicaid policy. Claims should be submitted on a Health Insurance (HCFA 1500) Claim Form.

(2) The nurse midwife agrees when billing Medicaid for a service that the midwife will accept as payment in full, the amount paid by Medicaid for the services and that no additional charges will be made.

(3) Conditional collections from patients, made before Medicaid pays, to be refunded after Medicaid reimbursement for the service, are not permissible.

(4) A hospital-based nurse midwife who is employed by and paid by a hospital may not bill Medicaid for services performed therein and for which the hospital is reimbursed. A nurse midwife who is not employed by and paid by a hospital may bill Medicaid using a Health Insurance (HCFA 1500) Claim Form. To prevent double payment, the nurse midwife having a Medicaid provider number(s) shall inform the Alabama Medicaid Agency of the name of the hospital(s) with whom employed, regardless of regularity and frequency.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R., Sections 440.165, 440.210, 440.220, and 441.21; Code of Alabama, Section 34-19-2, et seq. Rule effective October 1, 1982. Amended July 10, 1987 and February 9, 1989. Emergency amendment June 14, 1993. Amended August 12, 1993. Effective date of this amendment March 15, 1994.

Rule No. 560-X-21-.05. Covered Services.

(1) The maternity services normally provided in maternity cases include antepartum care, delivery, and postpartum care. When a nurse midwife provides total obstetrical care, the procedure code which shall be filed on the claim form is the code for all inclusive "global" care. The indicated date of service on "global" claims should be the date of delivery. If a woman is pregnant at the time she becomes eligible for Medicaid benefits, only those services provided during the time she is eligible will be covered. When a nurse midwife provides eight (8) or more prenatal visits, performs the delivery, and provides postpartum care, he/she shall use a "global" obstetrical code in billing the services. If a nurse midwife submits a "global" code for maternity services, the visits covered by this code are not counted against the recipient's limit of physician office visits per calendar year. For purposes of "global" obstetrical billing, services rendered by members of a group practice are to be considered as services rendered by a single provider.

(a) Antepartum care includes all usual prenatal services such as initial office visit, at which time the pregnancy is diagnosed, initial and subsequent histories, physical examinations, blood pressure recordings, fetal heart tones, maternity counseling, etc.; therefore, additional claims for routine services shall not be filed. Antepartum care also includes routine lab work (i.e.; hemoglobin, hematocrit, and chemical urinalysis); therefore, additional claims for routine lab work should not be filed.

1. In order to bill for Antepartum Care Only services, nurse midwife providers must utilize the appropriate procedure codes when billing for the services (i.e., CPT code 59425 for four to six visits or CPT code 59426 for seven or more visits). Antepartum Care Only services filed in this manner do not count against the recipient's annual office visit benefit limits. Nurse Midwives who provide less than four visits for antepartum care must use office visit procedure codes when billing for the services. The office visit procedure codes will be counted in the recipient's annual benefit limits for office visits.

(b) Delivery shall include vaginal delivery (with or without episiotomy) and postpartum care or vaginal delivery only services. The nurse midwife will utilize the appropriate CPT code when billing delivery services. More than one delivery fee may not be billed for a multiple birth (i.e.; twins, triplets, etc.). Delivery fees include all professional services related to the hospitalization and delivery services provided by the nurse midwife. Additional claims for the nurse midwife's services in the hospital (e.g., admission) may not be filed.

EXCEPTION: When a nurse midwife's first and only encounter with the recipient is for delivery ("walk-in" patient) he/she may bill for a hospital admission (history and physical) in addition to delivery charges.

(c) Postpartum care includes office visits following vaginal delivery for routine postpartum care within sixty (60) days post delivery. Additional claims for routine visits during this time should not be filed. Family Planning services performed by the delivering provider on the day of the postpartum exam or within five (5) days of the postpartum exam are noncovered as they are included in the postpartum exam.

(d) If the provider does not perform the delivery, but does provide the postpartum care, family planning services rendered within five (5) days of the postpartum exam are noncovered, as they are included in the postpartum exam.

(2) Family planning services include services that prevent or delay pregnancy such as office visits for evaluation and management of contraceptive issues, including procedures and supplies as appropriate for effective birth control. Nurse Midwives are not authorized to do sterilization procedures. Other surgical procedures; such as diaphragm fittings, IUD insertions or removals, and contraceptive implant procedures; are covered when provided according to state laws and regulations.

(3) The nurse midwife may provide and be reimbursed for well-woman gynecological services including the evaluation and management of common medical and/or gynecological problems such as menstrual problems, Pap smear screenings, menopausal and hormonal treatments, treatment of sexually transmitted diseases, and treatment of minor illnesses (e.g., a minor pelvic inflammatory disease).

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R., Sections 440.165, 440.210, 440.220, and 441.21; Code of Alabama, Section 34-19-2, et seq. Emergency rule effective June 14, 1993. Rule effective August 12, 1993. Effective date of this amendment March 15, 1994.

Rule No. 560-X-21-.06. Required Written Records.

(1) When a patient is accepted for maternity services, the midwife's care must include plans for a delivery to be accomplished in a licensed hospital. In an emergency, delivery may be accomplished elsewhere. The plans need not be submitted to Medicaid but the midwife's file should contain written evidence that such plans existed for each patient accepted for global care.

(2) All nurse midwife services must be rendered under appropriate physician supervision. The physician may not bill for these supervisory services. The written records that each midwife keeps should include records naming the physician(s) with whom she works, and stating the working arrangement with the physician. The statement of the working arrangement need not be a formal contract, but it must contain the signature of both parties and must show the date on which it was signed.

(3) A complete medical record shall be maintained for each recipient for whom the nurse midwife provides services.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R., Section 441.21; Code of Alabama Section 34-19-2, et seq. Rule effective October 1, 1982. Emergency amendment June 14, 1993. Amended August 12, 1993. Effective date of this amendment March 15, 1994.

Rule No. 560-X-21-.07. Payments to Physicians.

(1) The supervising physician may not bill for supervisory services. The physician can bill Medicaid, however, if it becomes necessary for the physician to perform the delivery or complete a delivery service for the nurse midwife. When the physician bills the delivery only service, the midwife may bill antepartum care or postpartum care, or both, depending on which service(s) the nurse midwife performed. If the physician bills for delivery only including postpartum care, the nurse midwife may bill only for the antepartum care provided.

(2) Sterilization at the time of delivery is covered by Medicaid only if it is performed by the physician, and only if all other Medicaid requirements for sterilization are met.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R., Section 441.21; Code of Alabama Section 34-19-2, et seq. Rule effective October 1, 1982. Emergency amendment June 14, 1993. Amended August 12, 1993. Effective date of this amendment March 15, 1994.

Rule No. 560-X-21-.08. Third Party Requirements.

(1) Nurse Midwives are required to identify recipients who are covered by third party resources and to obtain payment from those resources in accordance with Chapter 20 of the Medicaid Agency's Administrative Code.

Authority: Title XIX, Social Security Act, Section 1902(a)(25); 42 C.F.R., Section 401; Code of Alabama, 1975, Section 22-6-6. Effective date of this emergency rule June 14, 1993. Rule effective August 12, 1993.

560-X-21-.09. Billing of Medicaid Recipients.

(1) A provider may bill Medicaid recipients for any noncovered service or for services provided to a recipient who has exhausted annual benefits.

(2) Billing the recipient for services not paid by Medicaid due to provider correctable errors on claims submission or untimely filing is not permissible.

(3) Medicaid recipients are exempt from co-payment requirements for maternity care and family planning services.

(4) Co-pay requirements apply to well-woman gynecological office services, except for those recipients under the age of 18.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R., Section 447.15, et seq.
Emergency rule effective June 14, 1993. Rule effective August 12, 1993. Effective date of this amendment March 15, 1994.