SUBJECT
Reissue Expanded Procedure Codes for Independent Certified Nurse Midwives

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PURPOSE:

The purpose of this bulletin is to reissue Medical Assistance (MA) Bulletin 31-99-02 (Expanded Procedure Codes for Provider Type 31 Midwives) with additional information relating to midwife scope of practice and collaborative agreements.

SCOPE:

This bulletin applies to midwives enrolled and participating with the Office of Medical Assistance Programs (OMAP) as provider type 31.

BACKGROUND/DISCUSSION:

Effective January 1, 2000, the OMAP issued MA Bulletin 31-99-02 which identified an updated list of codes which midwives enrolled with MA might provide within their enrollment agreement with the Department, their scope of practice, and individual agreement with their collaborating physician.

Concerns were raised that MA Bulletin 31-99-02 might be misinterpreted as a listing of codes which any midwife might provide and bill irrespective of individual training, scope of practice or collaborative agreements. The codes set forth in this bulletin are for billing purposes only and do not establish a scope of practice for midwives. The codes identify an approved list of services that a midwife is authorized to bill for provided, however, that the service has been provided in accordance with customary physicians involvement, a midwife protocol and a signed collaborative agreement.

Under the midwifery law (63 P.S. §§ 171-176), a nurse midwife is any person other than a regularly licensed physician who attends women in childbirth. The law requires that midwives be licensed by the State Board of Medicine, which has regulatory authority over them. The regulations of the Board define the scope of practice of Midwifery as the management of the care of essentially normal women and their normal neonates initial 28-day period. This includes antepartum, intrapartum, postpartum and non-surgically related gynecological care (49 Pa. Code § 18.1). The midwife is authorized to:

- prescribe medical, therapeutic and diagnostic measures for essentially normal women and their normal neonates in accordance with the midwife protocol or a collaborative agreement, or both.
- administer specified drugs as provided in collaborative agreements or as directed by a collaborating physician for a specific patient and, if specifically authorized to do so, in a collaborative agreement, relay to other health care providers medical regimens prescribed by the collaborating physician, including drug regimens.
Additionally, a nurse-midwife may perform medical services in the care of women and newborns that may be beyond the scope of midwifery, if the authority to perform those services is delegated by the collaborating physician, the delegation is consistent with standards of practice embraced by the midwife and the relevant physician communities in this Commonwealth, and the delegated medical services do not involve the prescribing or dispensing of drugs (49 Pa. Code § 18.6).

BILLING INFORMATION:

The billing codes included in the attached Midwife Fee Schedule include office visits, an annual general exam, emergency room visits, home visits, newborn care, specific immunizations, and additional maternity services for the well woman and infant up to 28 days old. In order to provide a service, that service must be within the midwife’s scope of practice or within the individual collaborative agreement with the collaborating physician. Certain procedure codes require specialized training, or enrollment with the Department. (For example: a) colposcopy, and radiography codes require specialized training and enrollment, b) Healthy Beginnings Plus services require meeting Department guidelines for those services and special enrollment.)

PLEASE NOTE: Midwives must be aware of the MA delivery system through which the recipient is receiving services.

Recipients enrolled in a HealthChoices or a voluntary managed care organization under contract to the Department or in the Department's primary care case management program (the Family Care Network and Lancaster Community Health Plan) have either selected or been assigned to a primary care provider (PCP). The PCP has the responsibility to oversee and manage the delivery of all primary care services. While recipients can access obstetrical/gynecological services without a referral from the PCP, midwives must obtain a referral from the PCP prior to rendering care for all non-OB/GYN services.

I. Using the MA Program Fee Schedule (Fee-for-Service Delivery System)

A. The first column indicates the type of service (TOS) designated for each service.

   20 - Surgical Services
   25 - Diagnostic/Surgical Services
   30 - Obstetrical Services
   57 - Professional Component Radiology Service
   60 - Medical Services (including preventive medicine services)
   AR - Family Planning
   AS - Mileage
   HB - Healthy Beginnings Plus

B. The second column contains the procedure codes available to midwives trained to provide the medically necessary service which are performed within the Pennsylvania midwife scope of practice.

C. The third column defines the procedure.

D. The fourth column indicates the number of post-op days that services are to be provided after the procedure. For example, when the midwife delivers a child (procedure code 59410), the midwife must provide all care associated with that delivery for 45 days before resuming billing for additional services, unless the services provided are not related to the pregnancy or birth.

E. The fifth and sixth columns indicate if there are age restrictions that might affect billing for the procedure. For example, MA will cover insertion of an intrauterine device if the woman is at least 10 years of age but less than 55 years of age.

F. The last column indicates the maximum payment MA will make for the procedure code. When the invoice is completed please enter the usual and customary charge to the general public. If the customary charge is less than the MA fee, the payment will be based upon the lower fee. If the customary charge is more than the MA fee, the payment will be up to the MA fee.
II. Procedure Specific Information (Fee-for-Service Delivery System)

A. Unless the midwife is a Healthy Beginnings Plus provider (see item G) the maternity policy remains unchanged. Midwives will continue to use procedure code W9001 and TOS 30 for the prepartum care. The delivery code 59410 includes: all care related to the birth including the emergency room visit if the woman is admitted to the hospital and delivers her child; hospital visit and all maternity related care for 45 days after the delivery.

B. The midwife may not bill for the care of the newborn child in the hospital and after the delivery until a PCP is chosen or assigned (through the 28th day) after which the Family Care Network or the Lancaster Community Health Plan is responsible for the child's ongoing care.

C. Midwives may, in addition to obstetrical services (TOS 30), provide well woman and infant office visits, preventive care, and gynecological services (TOS 60). Midwives may also provide family planning services (TOS AR). The type of service is used to designate whether the visit is for obstetrical, medical, preventative, or for family planning purposes.

D. Care of the mother in the hospital, and visits after discharge are included in the delivery fee. The midwife may bill for the child's care at the hospital, in the office, or in the home; up through the 28th day after the delivery.

E. The attached fee schedule is an inclusive listing of the TOS, procedure codes, limitations related to the service, and the maximum MA Program reimbursement for services provided by provider type 31, midwives.

F. For a midwife to bill for procedure codes 76805, 76815, 76816, and 76818 (echography codes), or 57452, and 57454 (colposcopy codes), the midwife must submit a copy of documentation to the Department's MA Provider Enrollment Section showing that the midwife completed the process of the American College of Nurse Midwives for adding a new procedure. The midwife must receive confirmation for the MA Provider Enrollment Section before rendering and billing these particular codes. Please send copies of the documentation to:

Bureau of Fee-for-Service Programs
Provider Enrollment
P.O. Box 8045
Harrisburg, Pennsylvania 17105

G. TOS "HB" may only be invoiced by midwives who meet the participation requirements of the Healthy Beginnings Plus Program and are enrolled as Healthy Beginnings Plus providers. For more information on becoming a Healthy Beginnings Plus provider please contact:

The Healthy Beginnings Plus Program
DPW
OMAP
P.O. Box 8021
Harrisburg, Pennsylvania 17105-8021

717-772-6230
717-772-6194

H. Midwives may provide medically necessary immunization/vaccinations to their patients. Immunizations for MA covered children are based upon the recommended Childhood Immunization Schedule (see MA Bulletin 1241-97-01). For recipients with a PCP, a referral is necessary for these services. If an immunization is approved by the PCP and provided during an office visit, the immunization may be billed in addition to that office visit.
PROCEDURE:

Please insert the fee schedule and this bulletin in the provider handbook. Midwives may use the attached Midwife Fee Schedule to invoice for services provided on and after January 1, 2000 to eligible MA recipients for services provided within their scope of practice and applicable regulations.

Attachment

- Midwife Fee Schedule

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free inquiry line.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.