Certified Nurse-Midwife (CNM)

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15.1 Enrollment

To enroll in the Texas Medicaid Program, a certified nurse-midwife (CNM) must be a licensed registered nurse recognized by the Board of Nurse Examiners for the State of Texas as an advanced practice nurse (APN) in nurse-midwifery and certified by the American College of Nurse-Midwives.

Providers cannot be enrolled if their license is due to expire within 30 days; a current license must be submitted.

**Refer to:** the Department of State Health Services (DSHS) website at www.dshs.state.tx.us/famplan/, for information about family planning and the locations of family planning clinics receiving Title V, X, or XX funding from DSHS.

All providers of laboratory services must comply with Clinical Laboratory Improvement Amendment’s (CLIA) rules and regulations. Providers not complying with CLIA are not reimbursed for laboratory services.

A CNM must identify the licensed physician or group of physicians with whom there is an arrangement for referral and consultation if medical complications arise. The collaborating physician does not have to be a participating provider in the Texas Medicaid Program. If the arrangement is changed or canceled, the CNM must notify TMHP Provider Enrollment in writing within two weeks after the change or cancellation.

CNMs are encouraged to participate in or make referrals to family planning agencies.

CNMs may enroll as providers of Texas Health Steps (THSteps) medical checkups for newborns younger than two months of age and adolescent females. Specific information may be found in the THSteps section of this manual.

**Refer to:** “Provider Enrollment” on page 1-2 for more information about enrollment procedures.

“Provider Enrollment” on page 42-5 for more information about enrollment in the THSteps Program.

“Clinical Laboratory Improvement Amendments (CLIA)” on page 27-2.

“Family Planning Services” on page 21-1.

15.1.1 Medicaid Managed Care Enrollment

CNMs are eligible to enroll in Medicaid Managed Care as primary care providers (PCPs). Contact the individual Medicaid Managed Care health plan for enrollment information.

**Refer to:** “Managed Care” on page 7-1 for more information.

15.2 Reimbursement

According to Title 1 Texas Administrative Code (TAC) §355.8281, the Medicaid rate for CNMs is 85 percent of the rate paid to a physician (MD or DO) for the same service and 100 percent of the rate paid to physicians for laboratory services, X-ray services, and injections. The current CNM fee schedule is entitled 2004 APN/CNM Fee Schedule (PRCR401C.xls) and is available on the TMHP website at www.tmhp.com. To request a hard copy, call the TMHP Contact Center at 1-800-925-9126.

Effective September 1, 2005, CNMs must use their individual Texas Provider Indicator to bill for services they provide to Medicaid clients.

**Important:** Laboratory (including pregnancy tests) and radiology services provided during pregnancy must be billed separately from antepartum care visits and received within 95 days from the date of service.

**Refer to:** “Reimbursement” on page 2-2 for more information about reimbursement.

“TMHP Electronic Data Interchange (EDI)” on page 3-1 for information on how to obtain electronic fee schedules from the TMHP website.

15.3 Benefits and Limitations

CNMs may be reimbursed for primary care services including family planning, gynecology services, treatment of acute minor illnesses, chronic stable conditions provided to women throughout their lives, and to newborns for the first two months of life in addition to the maternity cycle care (antepartum, intrapartum, and postpartum).

CNM-performed services are covered by the Texas Medicaid Program if the services are within the scope of practice for CNMs as defined by state law, consistent with rules and regulations made by the Texas Board of Nurse Examiners or other appropriate state licensing authority, and provided by a licensed physician (MD or DO).

15.3.1 Deliveries

Procedure code 2-59410 must be performed in a participating Medicaid Title XIX general or acute care hospital or special hospital or facility licensed and approved for the operation of maternity and newborn services. Home deliveries by a CNM are reimbursable when the CNM has received prior authorization from TMHP for a home delivery. The CNM must submit a written request for prior authorization during the client’s third trimester of pregnancy. The CNM must include a statement signed by a licensed physician who has examined the client during the third trimester and determined at that time that she is not at high risk and is suitable for a home delivery.
Requests for home delivery prior authorizations must be submitted to the TMHP Medical Director at the following address:

Texas Medicaid & Healthcare Partnership
Special Medical Prior Authorization
12357-B Riata Trace Parkway
Austin, TX 78727
Fax: 1-512-514-4213

Home deliveries performed by a CNM without prior authorization are denied.

**Important:** Childbirth education classes are not a benefit of the Texas Medicaid Program.

**Reminder:** CNMs must bill procedure code 59410 with type of service (TOS) 2.

### 15.3.2 Newborn Exams

CNMs must bill procedure code 1-99431 or 1-99432 if all minimum requirements of an initial newborn examination are performed. If the provider chooses to perform a brief examination (that does not include all the components listed), the provider bills the procedure code 1-99431 or 1-99432 with modifier 52, which does not count as a THSteps checkup. One code may be billed once in a lifetime for each newborn.

A THSteps newborn screening exam includes family and neonatal history:
- Physical exam, including length, weight, and head circumference
- Vision and hearing screening
- Health education
- State-required newborn hereditary/metabolic laboratory testing
- Hepatitis B immunization

A $5 fee is paid for each vaccine administered.

**Refer to:** "THSteps-Comprehensive Care Program (CCP)" on page 42-33 for information about THSteps-CCP Program.

Bill antepartum/postpartum services using the following codes and modifier TH:

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**Refer to:** "Maternity Service Clinic (MSC)" on page 32-1 for more information about antepartum care, risk assessment, document requirements, postpartum care, and frequency of services.

"Family Planning Services" on page 21-1 for more information.

### 15.4 Claims Information

Submit claims for CNM services to TMHP in an approved electronic format or on a CMS-1500 claim form.

All services must be filed using the nine-character CNM Texas Provider Identifier (TPI) number regardless of the employment arrangements (e.g., physician-, hospital-, or birthing center-employed).

CNMs must bill maternity services in one of two ways: itemizing each service individually on one claim form and filing at the time of delivery (the filing deadline is applied to the date of delivery) or itemizing each service individually and submitting claims as the services are rendered (the filing deadline is applied to each individual date of service).

**Refer to:** “General Medicaid Eligibility” on page 4-3 for information about crossover payments.

### 15.4.1 Claim Filing Resources

Refer to the following sections or forms when filing claims:

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