

Certified Nurse Midwife Payment Policy

Policy

The Plan covers services provided by contracted certified nurse midwives acting within their legal scope of practice.

Coverage is limited to those covered services a licensed certified nurse midwife is legally authorized to perform in the state in which the services are furnished and that would otherwise be covered if furnished by a physician.

The services of a certified nurse midwife are not covered if they are otherwise excluded from coverage (or not reimbursed) even though a certified nurse midwife is authorized by State law to perform them.

Definitions

Certified nurse midwives are registered nurses (RNs) who have graduated from a midwifery education program accredited by the Accreditation Commission on Midwifery Education (ACME) and passed a national certification exam administered by the American Midwifery Certification Board (AMCB) (or its predecessor organizations). Massachusetts regulations (244 CMR 4.00) establish the conditions under which an RN licensed by the Board of Registration in Nursing may be authorized to practice as a Certified Nurse Midwife in Massachusetts.

Certified midwives are educated in graduate-level midwifery programs. The main difference between certified nurse midwives and certified midwives is that certified midwives are not required to hold a registered nursing license. Certified midwives are not currently legally recognized to practice in Massachusetts. The services of certified midwives are not reimbursed by Fallon Health for any line of business.

Reimbursement

Certified nurse midwives licensed in Massachusetts have full scope of practice in Massachusetts, and do not legally require physician supervision to practice, prescribe, or bill.

Payment is made directly to the certified nurse midwife or group practice billing on behalf of a certified nurse midwife for professional services provided by the certified nurse midwife.

Services furnished incident to a nurse midwife's service are covered if they would have been covered when furnished incident to the services of a physician.

Reimbursement for covered services billed by an independently practicing certified nurse midwife is the lesser of the actual charge or 100% of the physician fee schedule amount for the same service performed by a physician.

Referral/notification/prior authorization requirements

Nurse midwives must abide by the same requirements as Plan-contracted physicians.

Billing/coding guidelines

Certified nurse midwives or group practices billing on behalf of a certified nurse midwife submit claims for services rendered by certified nurse midwives using the certified nurse midwife's NPI.

Services of certified nurse midwives furnished incident to physician's services

Incident to a physician's service means that the services are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or

treatment of an injury or illness.

MassHealth members

Effective for dates of service on or after August 1, 2017, physicians may not bill MassHealth for the services of an employed nurse midwife. A nurse midwife must either meet provider eligibility requirements and conditions of payment to bill independently or a group practice may bill on behalf of a nurse midwife using the certified nurse midwife's NPI as the rendering provider (MassHealth Transmittal Letter PHY-154 July 2017).

As part of the implementation of the Midlevel Practitioner Project in 2017, MassHealth deleted the SB modifier (as unnecessary) from the MassHealth Physician Manual Subchapter 6. (Modifier SB was previously applied to codes for services billed by a physician that were performed by a non-independent certified nurse midwife employed by the physician or group practice.) An independent nurse midwife billing under his/her own individual provider number should not use this modifier.

Medicare and commercial plan members

When certified nurse midwives provide services in an office setting under direct physician supervision, the services of the certified nurse midwife may be covered incident to physician's services, in which case incident to requirements would apply. Of note, the concept of incident to does not apply to services performed in a hospital, which includes inpatient, outpatient and emergency room hospital locations.

Several conditions must be met to satisfy the incident to standard:

- The certified nurse midwife must be an employee of a group practice that employs both physicians and certified nurse midwives;
- The services must be medically necessary, within the scope of practice for the certified nurse midwife, and of the type normally performed at the practice site;
- The level of supervision based on CMS guidelines must be provided;
- Incident to billing does not apply to services provided to new patients or established patients who present with new problems.

Services provided incident to a physician's service are coded using standard CPT/HCPCS/ICD-10-CM codes, without additional modifiers, and are billed under the supervising physician's NPI.

Critical Access Hospitals billing under Method II

Critical Access Hospitals (CAHs) that have elected Method II, bill professional services on UB-04 Claim Form. Practitioner modifiers are used to report who actually performed the services. Medicare payment is based on the lesser of the actual charge or 100% of the Medicare Physician Fee Schedule amount less deductible and coinsurance times 1.15. For dates of service on or after January 1, 2011, CAHs may bill for the services of a certified nurse-midwife. Modifier SB (Certified Nurse Midwife) is used to identify services provided by certified nurse midwife in this setting (Medicare Claims Processing Manual, Chapter 4, Section 250.2).

Place of service

This policy applies to services furnished by nurse midwives in all areas and settings permitted under applicable laws.

The Plan does not reimburse for deliveries in a home setting.

Policy history

Origination date:	11/28/01
Previous revision date(s):	05/10/06, 07/19/06, and 06/20/07
	05/01/09 – Clarified use of modifier –SB and conditions to satisfy the “incident to” standard.

01/01/2016 - Updated reimbursement section and moved to new Plan template.
09/01/2016 - Annual review.
Connection date & details: July 2017 – Annual review.
July 2018 – Clarified SB modifier billing.
July 2019 – Annual review, no updates.
January 2022 – Clarified reimbursement for CNMs; clarified reimbursement for services performed by CNMs incident to physician's services.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.