



MEDICAID COMPLIANCE NOTICE

Direct Entry Midwives

April 22, 2013

Introduction

The Alaska Medicaid Surveillance and Utilization Review team conducted a review of Direct Entry Midwife billing practices and adherence to provider participation requirements. Topics addressed in this notice were selected based on findings of regulatory noncompliance or other enrollment and billing concerns.

This document serves as a supplement to, and not a replacement for Alaska Statute and Administrative Code (regulations), AS 08.65, 7 AAC 105 – 7 AAC 165, 12 AAC 14, and the Alaska Medicaid Provider Billing Manuals (available at <http://medicaidalaska.com> – select Providers > Billing Manuals).

Please direct questions to the Surveillance and Utilization Review unit at 907.644.6800 (option 7) or 800.770.5650 (option 4).

Provider Participation and Reimbursement

- An individual who meets the general provider enrollment requirements (7 AAC 105.210) and who has a **current certificate** from the Alaska Board of Certified Direct-Entry Midwives to practice as a direct-entry midwife (AS 08.65 and 12 AAC 14) may enroll as an Alaska Medicaid provider.
- Apprentice direct-entry midwives or direct-entry midwives in training are ineligible to enroll with Alaska Medicaid and cannot be reimbursed for services (7 AAC 110.180(c)).
Note: A person who is not certified as a direct-entry midwife is prohibited from practicing midwifery for compensation under AS 08.65.150.
- An enrolled direct-entry midwife may be reimbursed for covered direct-entry midwife services provided to eligible Medicaid recipients.
- A direct-entry midwife preceptor or other supervising individual is prohibited from billing for services performed by a direct-entry midwife apprentice or direct-entry midwife in training.

Covered and Non-Covered Services

Alaska Medicaid will pay a direct-entry midwife for only those services that the direct-entry midwife is certified to perform (12 AAC 14.500 – 12 AAC 14.620) **and** that are identified in the *CPT Fee Schedule for Direct Entry Midwife Services* and the *HCPC Fee Schedule for Direct-Entry Midwife Services* tables, available at <http://medicaidalaska.com/providers/FeeSchedule.asp>.

Alaska Medicaid **will not reimburse** for services which a direct-entry midwife is prohibited under AS 08.65 from performing, including but not limited to the following diagnoses or conditions:

- ∅ gestational diabetes
- ∅ multiple gestation
- ∅ fetus of less than 37 weeks or more than 42 weeks gestation at onset of labor
- ∅ fetal presentation other than vertex at the onset of labor (prohibited from correcting or attempting to correct fetal position)
- ∅ pre-eclampsia or eclampsia
- ∅ patient under 16 years of age
- ∅ any other condition determined by the board to be of high risk to the woman and/or newborn
- ∅ care to an infant beyond one week of age (must recommend to the recipient an evaluation by a physician)

Claim Submission and Coding Requirements

Service provided by an enrolled direct-entry midwife	Submit claim with the following code(s)
vaginal delivery only	59409
post-partum care* only	59430 (may be billed only once per delivery per recipient)
Delivery and postpartum* care	59410 or 59409 and 59430
Initial newborn care	99460 if delivery occurs in hospital or birthing center or 99461 if delivery occurs at home (initial newborn care may be billed only once per recipient)

* NOTE: Postpartum care begins on the date the pregnancy ends and extends through the end of the month of the 60th calendar day following the end of the pregnancy.