

CHAPTER 58**NURSE MIDWIFERY SERVICES****Authority**

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2006 d.338, effective August 22, 2006.
See: 38 N.J.R. 2003(a), 38 N.J.R. 3900(a).

Chapter Expiration Date

Chapter 58, Nurse Midwifery Services, expires on August 22, 2011.

Chapter Historical Note

Chapter 58, Independent Clinic Services Manual, was adopted by R.1971 d.54, effective April 21, 1971. See: 3 N.J.R. 42(b), 3 N.J.R. 82(c).

Chapter 58, Independent Clinic Services Manual, was repealed by R.1980 d.351, effective August 7, 1980. See: 12 N.J.R. 413(b), 12 N.J.R. 536(d).

Chapter 58, Nurse-Midwifery Services, was adopted as new rules by R.1982 d.415, effective December 6, 1982, operative January 1, 1983. See: 14 N.J.R. 889(a), 14 N.J.R. 1393(a).

Pursuant to Executive Order No. 66(1978), Chapter 58, Nurse-Midwifery Services, was readopted as R.1991 d.153, effective February 22, 1991. See: 22 N.J.R. 3613(a), 23 N.J.R. 858(c).

Chapter 58, Nurse-Midwifery Services, was repealed, and a new Chapter 58, Nurse Midwifery Services, was adopted by R.1996 d.99, effective February 20, 1996. See: 27 N.J.R. 4995(a), 28 N.J.R. 1285(b).

The Executive Order No. 66(1978) expiration date for Chapter 58, Nurse Midwifery Services, was extended by gubernatorial directive from February 20, 2001 to May 20, 2001. See: 33 N.J.R. 1002(a).

Pursuant to Executive Order No. 66(1978), Chapter 58, Nurse Midwifery Services, was readopted as R.2001 d.204, effective May 20, 2001. See: 33 N.J.R. 1160(a), 33 N.J.R. 2188(a).

Subchapter 3, Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS), was renamed Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) by R.2006 d.338, effective September 18, 2006. See: 38 N.J.R. 2003(a), 38 N.J.R. 3900(a).

Chapter 58, Nurse Midwifery Services, was readopted as R.2006 d.338, effective August 22, 2006. See: Source and Effective Date. See, also, section annotations.

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The purpose of this chapter is to provide the standards for approval of certified nurse midwives as independent providers of services, within their licensed scope of practice and in accordance with the requirements of N.J.A.C. 13:35-2A, to New Jersey Medicaid/NJ FamilyCare-Plan A fee-for-service beneficiaries.

Amended by R.2001 d.204, effective June 18, 2001.

See: 33 N.J.R. 1160(a), 33 N.J.R. 2188(a).

Inserted “/NJ FamilyCare-Plan A fee-for-service” following “New Jersey Medicaid”.

10:58-1.2 Scope

(a) The rules in this chapter govern reimbursement made directly to a nurse midwife provider. Reimbursement shall not be made to a certified nurse midwife unless the nurse midwife has been approved as a Medicaid/NJ FamilyCare provider, in accordance with the provisions of this chapter and applicable provisions of N.J.A.C. 10:49.

(b) Reimbursement may be made for services provided by a certified nurse midwife employed by a physician or physician/practitioner group (N.J.A.C. 10:54), by an independent clinic (N.J.A.C. 10:66), or by a hospital (N.J.A.C. 10:52), in accordance with the applicable rules.

(c) The rules in this chapter govern the provision of fee-for-service nurse midwifery services provided to Medicaid and NJ FamilyCare-Plan A fee-for-service beneficiaries. Nurse midwifery services provided to beneficiaries who are enrolled in HMOs shall be governed by the individual HMO contract.

Amended by R.2001 d.204, effective June 18, 2001.

See: 33 N.J.R. 1160(a), 33 N.J.R. 2188(a).

In (a), inserted “/NJ FamilyCare” following “Medicaid”; added (c).

10:58-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context indicates otherwise.

“Birth center” means a health care facility or distinct part of a health care facility, licensed as such by the New Jersey State Department of Health and Senior Services, which provides routine prenatal and intrapartum care to low-risk, uncomplicated maternity patients who are expected to deliver neonates of a weight greater than 2,499 grams, and of at least 36 weeks gestational age, and who require a stay of less than 24 hours after birth.

“Clinical laboratory services” means professional and technical laboratory services performed by a clinical laboratory certified by CMS in accordance with the Clinical Laboratory Improvement Act (CLIA) 42 U.S.C. §1396a(9) and ordered by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice as defined by the laws of the State of New Jersey and/or of the state in which the practitioner practices.

“CNM” means certified nurse midwife.

“Early and Periodic Screening, Diagnosis and Treatment (EPSDT)” means a preventive and comprehensive health program for Medicaid/NJ FamilyCare Children’s Program-Plan A fee-for-service beneficiaries under 21 years of age, including the assessment of an individual’s health needs through initial and periodic examinations (screenings), the

provision of health education and guidance, and the assurance that any identified health problems are diagnosed and treated at the earliest possible time.

“HealthStart Comprehensive Maternity Care Services Provider” means a certified nurse midwife who provides either directly or indirectly through linkage with other health care providers, in independent clinics and hospital outpatient departments; or physicians’ offices, a comprehensive package of maternity care services which includes two components. “Medical Maternity Care” and “Health Support Services.” (See N.J.A.C. 10:58-1.5 and 2.16 for requirements.)

“NJ FamilyCare-Plan A fee-for-service” means that coverage provided a beneficiary during the period of time between application and the time the beneficiary is enrolled in managed care.

“Nurse midwifery services” means services provided by a certified nurse midwife to manage the care of essentially normal women during the maternity cycle; to provide care to essentially normal newborns at the time of delivery; and to provide well-woman health care. Nurse midwifery services are provided within the scope of practice of nurse midwifery and the rules of the Board of Medical Examiners of the State of New Jersey. (See N.J.A.C. 13:35-2A.)

“Prescribed drugs” means simple or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance, that are:

1. Prescribed by a practitioner licensed or authorized by the State of New Jersey, or the state in which he or she practices, to prescribe drugs and medicine within the scope of his or her license and practice;
2. Dispensed by licensed pharmacists in accordance with regulations promulgated by the New Jersey Board of Pharmacy, N.J.A.C. 13:39; and
3. Dispensed by licensed pharmacists on the basis of a written prescription that is maintained in the pharmacist’s records.

“Routine intrapartum care” means labor and delivery services not requiring surgical intervention.

“Routine prenatal care” means medical supervision provided to pregnant women during pregnancy.

“Well-woman health care” means those preventive and referral services which may include family planning, reproductive health care counseling, and reproductive systems health care screening.

Amended by R.1998 d.209, effective May 4, 1998.

See: 30 N.J.R. 57(a), 30 N.J.R. 1613(a).

Inserted new “Birth Center”, “Routine intrapartum care”, and “Routine prenatal care” definitions.

Amended by R.2001 d.204, effective June 18, 2001.

See: 33 N.J.R. 1160(a), 33 N.J.R. 2188(a).

In “Early and Periodic Screening, Diagnosis and Treatment (EPSDT)”, substituted “/NJ FamilyCare-Plan A fee-for-service beneficiaries” for “recipients”; added “NJ FamilyCare-Plan A fee-for-service”.

Amended by R.2006 d.338, effective September 18, 2006.

See: 38 N.J.R. 2003(a), 38 N.J.R. 3900(a).