

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

N.J.S.A. 30:4D-6b(17)(18)(19), 30:4D-12 and 30:4D-7, 7a, b and c.

Source and Effective Date

R.1996 d.99, effective February 20, 1996.
See: 27 N.J.R. 4995(a), 28 N.J.R. 1285(b).

Executive Order No. 66(1978) Expiration Date

Chapter 58, Nurse Midwifery Services, expires on February 20, 2001.

Chapter Historical Note

Chapter 58 was formerly the Independent Clinic Services Manual, and was filed and became effective April 21, 1971 as R.1971 d.54. See: 3 N.J.R. 42(b), 3 N.J.R. 82(c). Additional rules on this subject were codified as N.J.A.C. 10:66 and were filed on August 16, 1973 as R.1973 d.228, effective October 1, 1973. See: 5 N.J.R. 226(c), 5 N.J.R. 339(b). Amendments effective October 26, 1976 as R.1976 d.335 and codified to N.J.A.C. 10:58-1.1 were miscodified and should have amended N.J.A.C. 10:66-1.4. Chapter 58 was repealed by R.1980 d.351, effective August 7, 1980.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 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Chapter 58, Nurse-Midwifery Services, was repealed, and a new Chapter 58, Nurse Midwifery Services, was adopted by R.1996 d.99, effective February 20, 1996.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: Source and Effective Date.

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APPENDIX A**APPENDIX B****APPENDIX C****SUBCHAPTER 1. GENERAL PROVISIONS****10:58-1.1 Purpose**

The purpose of this chapter is to provide the standards for the 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 beneficiaries.

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 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.

10:58-1.3 Definitions

The following words and terms, when used in this chapter, 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 intrapartal 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 HCFA 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 recipients 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.)

“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 intrapartal 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 intrapartal care”, and “Routine prenatal care” definitions.

10:58-1.4 Application for provider status; certified nurse midwife

(a) Any nurse midwife may apply to the New Jersey Medicaid program for approval as a Medicaid provider, if he or she:

1. Is a registered professional nurse licensed by the New Jersey State Board of Nursing;

2. Is certified by the American College of Nurse Midwives (ACNM) or the American College of Nurse Midwives Certification Council;

3. Shows evidence of continuing competency, as required by the ACNM; and

4. Is registered as a certified nurse midwife by the New Jersey State Board of Medical Examiners.

(b) See N.J.A.C. 10:49-3 for additional requirements for provider participation.

(c) An applicant shall complete a Medicaid Provider Application (FD-20; see N.J.A.C. 10:49, Appendix, Form #8) and a Medicaid Provider Agreement (FD-62; see N.J.A.C. 10:49, Appendix, Form #9). The forms may be obtained from, and shall be submitted to:

Unisys Corporation
Provider Enrollment
PO Box 4804
Trenton, NJ 08650-4804

(d) The application and agreement shall be accompanied by a photocopy of the applicant’s current:

1. License as a registered professional nurse;
2. Registration as a nurse midwife; and

3. Certification from the American College of Nurse Midwives (ACNM) or the American College of Nurse Midwives Council (ACC).

(e) The applicant will receive notification of approval or disapproval from the Medicaid fiscal agent (Unisys). If approved, the CNM shall be furnished with a provider manual and assigned a Medicaid provider identification number. The CNM shall use the assigned provider identification number in all communication with Medicaid and/or the fiscal agent.

10:58-1.5 Application for provider status; HealthStart

(a) A certified nurse midwife who is a Medicaid provider may also become a HealthStart Comprehensive Maternity Care or HealthStart Maternity Medical Care services provider.

(b) In order to participate as a provider of HealthStart services, the CNM practicing independently or as part of a group shall be a Medicaid provider and shall meet the HealthStart requirements specified at N.J.A.C. 10:66-3 and in this chapter. A HealthStart provider shall have a valid HealthStart Provider Certificate:

1. An application for a HealthStart Provider Certificate is available from:

New Jersey Department of Health
Division of Family Health Services
50 East State Street, PO Box 364
Trenton, NJ 08625-0364

10:58-1.6 Application for provider status; birth center

(a) A birth center shall enroll as a CNM provider in order to receive reimbursement for the use of the facility for labor and delivery services provided at the center.

(b) The birth center shall be licensed by the Department of Health and Senior Services in accordance with the provisions of N.J.A.C. 8:43A-28.

(c) In order to receive reimbursement for professional services provided by a CNM employed by the birth center, the birth center shall enroll as a CNM provider and the CNM employed by the birth center shall meet the provider requirements in N.J.A.C. 10:58-1.4(a).

(d) When a CNM not employed by the birth center provides professional services at the birth center as an independent provider, the CNM shall bill Medicaid directly for those professional services.

(e) The birth center shall complete the Medicaid Provider Application (FD-20), the Provider Agreement (FD-62) and the Ownership and Control Interest and Disclosure Statement (HCFA-1513).

1. The birth center shall include with the application a copy of its license, a list of all the CNMs employed by the center, together with their CNM Medicaid provider numbers, and copies of the CNMs' licenses. The application and all attachments shall be submitted to:

Provider Enrollment
Unisys Corporation
Mail Code #9
PO Box 4804
Trenton, New Jersey 08650-4804

2. Each CNM employed by the birth center shall have a provider servicing number. The birth center shall report this number when billing Medicaid for CNM services.

(f) For information regarding reimbursement for prenatal and post natal care, see N.J.A.C. 10:58-2.16 and 3.6.

(g) Upon signing and returning the Medicaid Provider Application, the Provider Agreement and other enrollment documents to the New Jersey Medicaid program, the birth center will receive written notification of approval or disapproval.

(h) Each approved birth center shall notify the New Jersey Medicaid program a minimum of 30 days prior to the relocation or closing of its facilities.

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

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

Rewrote (a); inserted new (b) through (d) and recodified former (b) as (e) and added (e)1 and 2; added a new (f); and recodified former (c) through (d) as (g) through (h).

10:58-1.7 Basis of reimbursement

(a) Reimbursement for certified nurse midwifery services shall be based upon the provider's usual and customary charge or the allowance determined by the Commissioner of the Department of Human Services and contained in N.J.A.C. 10:58-3, whichever is less.

(b) A certified nurse midwife who is approved as a provider of services by the New Jersey Medicaid or the NJ KidCare program and who practices independently and not as part of a physician group or other organized medical care entity, may be directly reimbursed by the New Jersey Medicaid or NJ KidCare program, in accordance with the provisions of this chapter.

(c) The basis for reimbursement of services provided in a birth center is as follows:

1. The birth center shall receive a facility fee of \$1,300, exclusive of laboratory, drugs, and professional fees, for beneficiaries attended on-site during labor and delivery.

2. A birth center shall receive a facility fee of \$500.00, exclusive of laboratory, drugs, and professional fees, for

beneficiaries who are admitted to the birth center in labor but subsequently transferred to a hospital.

3. The HCPCS codes for billing for birth center facility services are described in N.J.A.C. 10:58-3.5(g).

4. A birth center shall be reimbursed for professional CNM services provided by a CNM employed by the birth center in accordance with N.J.A.C. 10:58-1.6(a). The birth center shall not be reimbursed for professional CNM services provided by a CNM who is an independent provider.

5. A physician who provides professional services in a birth center shall bill for his or her services in accordance with N.J.A.C. 10:54-4.33 in order to receive reimbursement for professional services.

6. A birth center billing for laboratory services shall meet all requirements found in N.J.A.C. 10:58-2.9 through 2.13.

7. A birth center billing for medications shall meet all requirements found in N.J.A.C. 10:58-2.17.

8. A birth center may bill for certain injections relative to maternity care or provided to the newborn at the time of delivery, in accordance with N.J.A.C. 10:58-3.5(c).

(d) A certified nurse midwife who is salaried and whose services are part of the hospital's cost shall not bill fee-for-service to the New Jersey Medicaid or NJ KidCare program. A certified nurse midwife who is practicing in a hospital outpatient department and whose reimbursement is not part of the hospital's cost may bill fee-for-service to the New Jersey Medicaid or NJ KidCare program, independent of the hospital charges, if the arrangement with the hospital permits it.

(e) When a certified nurse midwife is employed by a physician, nurse midwifery services shall be identified as separate and distinct from physician services by utilization of procedure codes with the "WM" modifier, as designated under the HCFA Common Procedure Coding System (HCPCS) in N.J.A.C. 10:58-3.

(f) When a certified nurse midwife is employed by a clinic, nurse midwifery services shall be identified by utilization of the procedure code with the "WM" modifier as designated under the HCFA Common Procedure Coding System (HCPCS) in N.J.A.C. 10:66.

(g) For the requirements for HealthStart Maternity providers, see N.J.A.C. 10:58-2.5, 3.5 and 3.6(h).

(h) Reimbursement shall not be made for, and clients shall not be asked to pay for, broken appointments.

Amended by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).
See: 30 N.J.R. 1060(a).

Amended by R.1998 d.209, effective May 4, 1998.
See: 30 N.J.R. 57(a), 30 N.J.R. 1613(a).

Inserted a new (c) and recodified former (c) through (g) as (d) through (h).

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.
See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

10:58-1.8 Personal contribution to care requirements for NJ KidCare-Plan C

(a) General policies regarding the collection of personal contribution to care for NJ KidCare-Plan C services are set forth at N.J.A.C. 10:49-9.

(b) Personal contribution to care for NJ KidCare-Plan C services is \$5.00 a visit for office visits, except when the service is provided for prenatal care, preventive care or for family planning services.

1. An office visit is defined as a face-to-face contact with a medical professional which meets the requirements of this chapter and which allows the certified nurse midwife to request reimbursement.

2. Office visits include certified nurse midwife services provided in the office, patient's home, birth center, or any other site, except hospital.

(c) Certified nurse midwives shall not charge a personal contribution to cost of care for services provided to newborns, who are covered under fee-for-service for Plan C; for family planning services, or for prenatal care.

New Rule, R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Former N.J.A.C. 10:58-1.8, Recordkeeping; general, recodified to N.J.A.C. 10:58-1.9.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.
See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

10:58-1.9 Recordkeeping; general

(a) The certified nurse midwife shall keep such legible, individual records as are necessary to fully disclose the kind and extent of services provided, and the medical necessity for those services.

(b) Minimum documentation requirements for services performed by the certified nurse midwife shall include a clinical note or a progress note in the clinical record for each visit, which supports the procedure code or codes to be claimed. This information shall be available upon the request of the New Jersey Medicaid program or its agents.

(c) Documentation of services performed by the CNM shall include, at a minimum:

1. The date of service;
2. The name of the patient;
3. The patient complaint, reason for visit;
4. Subjective findings;