



## Nurse Midwife Payment Policy

### **Policy**

Fallon Community Health Plan (FCHP) will reimburse for covered services provided by credentialed and contracted nurse midwives that are within the legal scope of practice for the nurse midwife. This policy applies to nurse midwives who bill independently.

### **Definition**

Certified nurse-midwives (CNMs) are registered nurses who graduate from a nurse-midwifery program accredited by the American College of Nurse-Midwives and pass a national certification exam. CNMs are educated in both nursing and midwifery.

### **Benefits Application**

#### **Commercial**

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care

#### **Senior Plan**

- Fallon Senior Plan™
- Fallon Senior Plan Preferred

### **Reimbursement**

Coverage is limited to those services a nurse midwife is legally authorized to perform in accordance with state law.

Nurse midwives may bill under his/her provider number for covered services provided directly by the contracted nurse midwife. FCHP's payment for professional services rendered by a nurse midwife is 80% of the applicable physician fee schedule. Ancillary services will be reimbursed 100% of the applicable fee schedule.

### **Referral/notification/preauthorization requirements**

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

### **Billing/coding guidelines**

Payment for nurse midwife services is made only to the nurse midwife or his/her employer. Nurse midwives are required to submit claims with their own billing identification numbers for services rendered without direct physician supervision. When nurse midwives provide services in an office setting under direct physician supervision, the services may be covered as incident to, in which case incident to requirements would apply.

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

- the nurse midwife must be an employee of or a leased individual to the physician group;
- the services must be medically necessary, within the scope of practice for the nurse midwife and of the type normally performed at the practice site;

- the adequate level of supervision (based on CMS definitions and guidelines) must be provided; and
- the physician must have contact with all new members or members who have new medical problems, if the patient has never been seen or treated within that practice site.

The physician would bill under his/her provider number for covered services when incident to requirements apply.

Nurse Midwives must use modifier -SB to report professional services provided independently and should use reduced service modifiers to report when they have not provided all the services covered by a global allowance.

Ancillary services should not be reported with the -SB modifier.

## **Place of service**

This policy applies to services furnished by nurse midwives in all areas and settings permitted under applicable laws. FCHP 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, 06/20/07
Connection date & details:	03/01/09 Clarify use of modifier SB and conditions to satisfy the "incident to" standard.

*This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. 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. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.*