

CHAPTER 42-000 FREESTANDING BIRTH CENTERS

42-001 STANDARDS FOR PARTICIPATION: Medicaid covers facility services provided by non-hospital freestanding birth centers. To participate in Medicaid, a freestanding birth center must:

1. Be licensed by the Department of Health and Human Services, Division of Public Health, as a facility providing labor and delivery services and not licensed as another type of health care facility and maintain standards of care required by the Department of Health and Human Services, Division of Public Health for licensure.
2. The center must have a written agreement for emergency care with a hospital that provides obstetrical services or each medical practitioner practicing at the facility must have admitting privileges at a transferring hospital.
3. Admissions to the facility must be restricted to uncomplicated (low-risk) patients. Planned caesarean section procedures are prohibited.
4. Each mother and newborn must be discharged within 24 hours after admission, in a condition which will allow or not endanger the well-being of either. If the condition of mother or newborn does not allow discharge within 24 hours, then transfer to a hospital must occur.
5. The birth center must be enrolled and approved by the Department or its designee for participation in Medicaid.
6. The birth attendant must be licensed at the time and place the services are provided and must be enrolled and approved by the Department or its designee for participation in Medicaid.

42-001.01 Definition of a Freestanding Birth Center: A Freestanding Birth Center means a health facility-

1. That is not a hospital;
2. Where childbirth is planned to occur away from the pregnant woman's residence;
3. That is licensed or otherwise approved by the State to provide prenatal labor and delivery or postpartum care and other ambulatory services; and
4. That complies with such other requirements relating to the health and safety of individuals furnished services by the facility as the State shall establish.

42-001.02 Definition of a Birth Attendant: A birth attendant means an individual who is licensed by the State to provide health care at childbirth and who provides such care within the scope of practice under which the individual is legally authorized to perform such care under State law.

42-001.03 Provider Agreement: The provider must complete and sign Form MC-19, "Medical Assistance Provider Agreement," (see 471-000-90) and submit it to the Department to be approved for provider enrollment.

42-002 COVERED BIRTH CENTER FACILITY SERVICES: Coverage of birth center facility services is limited to certain birth services provided by the center and determined by the birth attendant to be necessary for the care of the mother and live newborn child following the mother's normal, uncomplicated pregnancy. Reimbursable services are limited to facility services provided during the labor and delivery. These items and services are those that would otherwise be covered by Medicaid if provided on an inpatient or outpatient basis in a hospital in connection with the services provided by the center. Birth center facility services furnished prior to or after the above described period are not considered birth center facility services and are not covered or reimbursed.

Services provided by the birth attendant are not considered to be birth center facility services. The fee for the birth center facility services does not include payment for medical or other health services such as the birth attendant's services.

42-003 (RESERVED)

42-004 BILLING REQUIREMENTS

42-004.01 Required Forms: When billing Medicaid, the Birth Center must submit using the paper Form CMS-1500 or the standard electronic Health Care Claim: Professional transaction (ASC X12N 837) (see Claim Submission Table at 471-000-49).

42-004.02 Procedure Codes: To bill the Birth Center facility fee, the Birth Center must use the appropriate HCPCS/CPT procedure codes. Birth Centers may only be reimbursed by Medicaid for their facility labor and delivery services. Birth attendants' services or other services not directly related to the labor and delivery services, along with prenatal or family planning services in the birth center setting must be submitted on separate claims. Claims for non-facility services need to be submitted utilizing the appropriate HCPCS/CPT procedure codes on the paper Form CMS-1500 or the standard electronic Health Care Claim: Professional transaction (ASC X12N 837).

42-005 PAYMENT FOR BIRTH CENTER SERVICES

42-005.01 Fee for Birth Center Facility Services: Birth Centers may only be reimbursed for facility labor and delivery services. The department will establish maximum reimbursement fees for birth center services based upon the average of published rates from the State Medicaid Programs of other states that have published rates for such services. Rates may also be adjusted in accordance with legislative appropriations or budget directives from the Nebraska Legislature, which may result in Medicaid payment rate increases or decreases.

42-005.02 Payment for Services Not Included in the Birth Center Facility Services Fee: The fee for facility services does not include payment for birth attendants' services or other services not directly related to the labor and delivery services.