



**TO:** Licensed Midwives – **For Action**  
Managed Care Organizations – **For Action**

**SUBJECT:** **Updates to Medicaid/NJ FamilyCare Coverage of Midwifery**

**EFFECTIVE:** May 1, 2022, except for fee-for-service claims, which will become effective on July 1, 2022

**PURPOSE:** To notify providers of Medicaid/NJ FamilyCare expanded scope of midwifery care, of enrollment eligibility of any midwife licensed by the NJ Board of Medical Examiners, and of updated billing guidance for fee-for-service reimbursement of midwifery care

**BACKGROUND:** Midwives are trained clinicians who may provide maternal and newborn infant care before, during, and after childbirth. Depending on licensure, some midwives may also provide well woman care throughout the life span.

This newsletter outlines the following updates to Medicaid/NJ FamilyCare’s midwifery coverage:

- 1) Any licensed midwife in NJ may now enroll as a provider in fee-for-service and managed care networks.

NJ’s State Fiscal Year 2022 Appropriations Act requires Medicaid/NJ FamilyCare to accept applications from any midwife licensed by the NJ State Board of Medical Examiners. In addition to Certified Nurse-Midwives (CNM), a recognized NJ Medicaid provider type in the past, Certified Midwives (CM) and Certified Professional Midwives (CPM) may now also enroll as providers and receive reimbursement for midwifery care. This policy is being implemented to expand access to care by midwives for Medicaid/NJ FamilyCare members.

- 2) The universe of reimbursable professional services for midwives has been updated to better align with the midwife’s licensed scope of practice as defined by NJ State Board of Medical Examiners. A midwife provider should only provide care that is within their scope of practice and is a covered service by Medicaid/NJ FamilyCare.

- 3) **Fee-for-service only:** We are implementing a new billing policy requiring midwives to add the “SB” modifier to most professional services in order to receive reimbursement (see exceptions below). In the past, midwives could receive reimbursement either by billing with a “SB” modifier, or by billing the base CPT code alone—depending on the specific code/service. This policy is being implemented to improve the monitoring of services being delivered by midwives within Medicaid/NJ FamilyCare.

**ACTION: Effective May 1, 2022,** any licensed midwife may enroll as a Medicaid/NJ FamilyCare provider and receive reimbursement for covered services.

All midwives must be actively licensed by the NJ State Board of Examiners. CNM and CMs must be certified by the American Midwifery Certification Board. CPMs must be certified by the North American Registry of Midwives.

Midwives may enroll either as individual providers or as providers affiliated with group practices (including midwifery and obstetric physician practices, federally qualified health centers, family planning clinics, or hospitals) in fee-for-service and/or managed care as described below.

#### ***A. Fee-for-service enrollment***

Midwives who wish to become a Medicaid/NJ FamilyCare provider and serve fee-for-service members must complete a **Midwife Provider Enrollment Application**. Once approved, they will receive a 7-digit Medicaid ID number.

The **Midwife-Individual** and **Midwife-Group** application can be found on the [www.njmmis.com](http://www.njmmis.com) website under Provider Enrollment Application.

For an individual midwife joining any other group provider type besides a Midwife-only Group Practice (see **Midwife-Group** application above), the individual midwife must contact Gainwell Technologies Provider Enrollment Unit at 609-588-6036, or [njmmisproviderenrollment@gainwelltechnologies.com](mailto:njmmisproviderenrollment@gainwelltechnologies.com) to be added to the roster of that group provider.

## ***B. Managed care enrollment and contracting***

As part of the managed care contracting process, midwives who wish to become a Medicaid/NJ FamilyCare provider and serve managed care members must either be enrolled as a fee-for-service provider (see process described above in A) or become a 21<sup>st</sup> Century Cures registered provider. A midwife will need to complete a **21st Century Cures Application** if they plan to serve managed care members only and do not wish to serve the fee-for-service population. 21<sup>st</sup> Century Cures registered providers will not receive a 7-digit Medicaid ID number. For more information, see Medicaid Newsletters on the *21st Century Cures Act* (Volume 28, Number 6 and Volume 30, Number 18).

The **21st Century Cures Application** can be found on the [www.njmmis.com](http://www.njmmis.com) website under Provider Enrollment Application.

Midwives who wish to become a Medicaid/NJ FamilyCare provider for one or more managed care organizations should contact each organization's Provider Services department:

- Aetna Better Health of NJ 1-855-232-3596
- Amerigroup NJ 1-800-454-3730
- Horizon NJ Health 1-800-682-9091
- UnitedHealthcare Community Plan 1-888-362-3368
- Wellcare 1-888-453-2534

For more information on each of the managed care organizations, see: <https://www.state.nj.us/humanservices/dmahs/info/resources/hmo/>

**ACTION:** **For managed care claims with service dates on or after May 1, 2022,** Medicaid/NJ FamilyCare managed care partners will provide reimbursement for midwifery services delivered by any contracted midwife. Reimbursable midwifery services must be provided in accordance with the midwife's scope of practice as defined by NJ State Board of Medical Examiners and must be a covered Medicaid/NJ FamilyCare service. All midwives may provide maternal and newborn infant care before, during, and after childbirth. Only CNMs and CMs may provide well woman care.

For more information about covered midwifery care and reimbursement within managed care, midwives may contact each organization's Provider Services department (see contact information above).

**ACTION:** For fee-for-service claims with service dates on or after July 1, 2022, fee-for-service will provide reimbursement for the midwifery services described below delivered by any enrolled midwife with a 7-digit Medicaid ID number.

Reimbursable midwifery services must be provided in accordance with the midwife's scope of practice as defined by NJ State Board of Medical Examiners and must be a covered Medicaid/NJ FamilyCare service. All midwives may provide maternal and newborn infant care before, during, and after childbirth. Only CNMs and CMs may provide well woman care.

**Important!** Fee-for-service reimbursement for new CPM and CM midwives will begin on July 1, whereas managed care reimbursement will begin on May 1. The changes for fee-for-service reimbursement for CNM midwives will also begin on July 1.

**Important change in billing for services provided by midwives within fee-for-service only:** For professional services, all reimbursable services within fee-for-service—aside from those listed below—must be billed with the “SB” modifier when delivered by a midwife.

**Exceptions:** This requirement for the SB modifier does not apply for the following:

- CenteringPregnancy 99078 TH (see Medicaid Newsletter *Billing for CenteringPregnancy Services* Volume 30 Number 15). By contrast, the co-billed E/M code will require the SB modifier.
- Family planning services when provided through a family planning clinic (midwives should bill under the family planning clinic)
- Laboratory services (midwives should bill with the base code)
- Vaccinations (midwives should bill with the base code)
- Clinician-administered drugs (midwives should bill with the base code): J1050, J1726, J1729, J2788, J2790, J2791, J2792, J7294, J7295, J7296, J7297, J7298, J7300, J7301, J7304, J7307. These codes also require a National Drug Code (NDC) to be submitted when billed.
- HealthStart program

Reimbursement rates for all licensed midwives will be the same as for CNMs. For details, fee-for-service rates are listed on the State's website at <https://www.njmmis.com/> via the “Rate and Code Information” page.

The current list of services reimbursable under fee-for-service for midwifery care can be found on the table below. Any future updates to covered services will be published on the State’s website at <https://www.njmmis.com/> via the “Rate and Code Information” page.

Category of professional service (approximate)	Codes (these must be billed with “SB” modifier)
Obstetrical care	<p><i>Perinatal Risk Assessment</i><sup>1</sup> H1000, H1001</p> <p><i>Routine obstetrical care:</i> 59400, 59409, 59410, 59425, 59426, 59430, 59610, 59612, 59614, 59514 AS<sup>2</sup>, 59620 AS<sup>2</sup></p> <p><i>E&amp;M</i> 99202–99205, 99211–99215, 99221, 99231, 99232, 99238, 99341, 99342</p> <p><i>Other</i> 36415, 51701, 51702, 59020, 59020 26, 59025, 59025 26, 59030, 59200, 59300, 59412, 96127, 96160, 98960–98962, 99406, 99407, 99473, 99474</p> <p><sup>1</sup> See Medicaid Newsletter <i>PRA required for reimbursement of Prenatal Care</i> Volume 30, Number 24.</p> <p><sup>2</sup> Billing with 59514 AS SB and 59620 AS SB replaces guidance from Medicaid Newsletter <i>First Assistants at Cesarean Delivery</i> Volume 12, Number 33.</p>
Newborn care	54150, 54160, 92650, 92651, 99460, 99461, 99462, 99463
Preventive care	<p><i>Preventive care</i> 99384–99387, 99394–99397</p> <p><i>NJ InCK</i><sup>3</sup> G9920 33, G9919 33</p> <p><sup>3</sup> See Medicaid Newsletter <i>New Jersey Integrated Care for Kids (NJ InCK Services)</i> Volume 32, Number 3.</p>
Gynecological care	51700, 56420, 56501, 56605, 56606, 56820, 56821, 57061, 57100, 57150, 57160, 57170, 57180, 57420, 57421, 57452, 57454, 57455, 57456, 57465, 57511, 58100, 58110
Drug administration	11976, 11981, 11982, 11983, 58300, 58301, 96372, 96374, 96375, 96379

If you have any questions concerning this Newsletter, please contact Gainwell Technologies, Provider Services Unit at 1-800-776-6334.

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