

Washington State Health Care Authority

Medicaid Provider Guide

Childbirth Education
[WAC 388-533-0390]



Washington State
Health Care Authority

A Billing Instruction

About this publication

This publication supersedes all previous *Childbirth Education Billing Instructions* published in coordination with Washington State's:

Health and Recovery Services Administration
Department of Social and Health Services
AND
Maternal and Infant Health
Department of Health

Note: The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

Effective Date

The effective date of this publication is: **05/09/2010**.

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How Can I Get Department/MPA Provider Documents?

To download and print Department/HRSA provider numbered memos and billing instructions, go to the Department/HRSA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

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Important Contacts

Note: This section contains important contact information relevant to childbirth education. For more contact information, see the Department/MPA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html.

Topic	Contact Information
Getting a provider application packet or general questions about the program	Policy/Program Oversight Department of Health Maternal and Infant Health 1-360-236-35552
Becoming a provider or submitting a change of address or ownership	See the Department/MPA <i>Resources Available</i> web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Department managed care organizations	
Electronic or paper billing	
Finding Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	

Definitions & Acronyms

This section defines terms and abbreviations, including acronyms, used in these billing instructions. The definitions are presented as a guide for the provider's use. They are not intended to be inclusive, nor are they intended to inhibit professional judgment. The criteria apply to all providers and contractors.

Please refer to the Department/MPA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for a more complete list of definitions.

Approved Provider – An individual or agency that:

- Has a signed Core Provider Agreement on file with the Department of Social & Health Services (the Department) to provide Childbirth Education (CBE) classes;
- Has signed program assurances on file with the Department; and
- Has an assigned provider billing number from the Department.

Assurances Document- A signed agreement documenting that the provider understands and agrees to maintain certain required program elements and to work toward integrating other specifically recommended practices. Also referred to as the "CBE Assurances" document.

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

Childbirth Education (CBE) - A series of educational sessions offered in a group setting with a minimum of eight hours of instruction and led by an approved instructor to prepare a pregnant woman and her support person(s) for an upcoming childbirth.

Client – A pregnant woman who has been determined eligible to receive medical or health care services under Medicaid.

Community and Family Health (CFH) - The division within the state Department of Health whose mission is to improve the health and well-being of Washington residents, with a special focus on infants, children, youth, pregnant women, and prospective parents.

Consultation – A practice of conferring with other professionals to share knowledge and problem solve with the intent of providing the best possible care to clients.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) – A program providing early and periodic screening, diagnosis and treatment to persons under 21 years of age who are eligible for Medicaid.

First Steps - The 1989 Maternity Care Access Act, known as First Steps. This program provides maternity care for pregnant and post-pregnant women and health care for infants. The program is administered jointly by the Department and DOH. First Steps maternity care consists of obstetrical care, case management, and support services such as community health nursing, nutrition, behavioral health visits, and childbirth education classes. Ancillary services include expedited eligibility determination, case finding, outreach, childcare, and transportation. Specialized substance abuse treatment services, offered through the Omnibus Drug Act, encompass residential and outpatient treatment and transitional housing.

Infant Case Management (ICM) – The program that provides case management services to eligible high-risk infants and their families. Eligibility for ICM may be established at the end of the maternity cycle up to the end of the month of the baby's first birthday. [WAC 388-533-0365]

Interlocal Agreement – A written letter of agreement between two agencies for the exchange of referrals or service provision (e.g., a written agreement in letter format that agrees to an exchange of referrals or services for MSS/ICM clients). [WAC 388-533-0365]

Interdisciplinary Team – Members from different professions and occupations that work closely together and communicate frequently to optimize care for the client (pregnant woman and infant). Each team member contributes specialized knowledge, skills and experience to support and augment the contributions of the other team members. [WAC 388-533-0365]

Maternal and Infant Health (MIH) - A section within the state Department of Health. MIH works collaboratively with the Department to provide clinical consultation, oversight, and monitoring of the Maternity Support Services / Infant Case Management programs. [WAC 388-533-0315]

Maternity Support Services (MSS) - Preventive health services for pregnant/post-pregnant women including: Professional observation, assessment, education, intervention and counseling. MSS services are provided by an interdisciplinary team consisting of, at minimum, a community health nurse, a nutritionist, and a behavioral health specialist. Additional MSS services may be provided by community health workers. [WAC 388-533-0315]

Maximum Allowable Fee - The maximum dollar amount the Department will reimburse a provider for a specific service, supply, or piece of equipment.

Medical Identification card(s) – See *Services Card*.

National Provider Identifier (NPI) – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

ProviderOne – Department of Social and Health Services (the Department) primary provider payment processing system.

ProviderOne Client ID- A system-assigned number that uniquely identifies a single Client within the ProviderOne system; the number consists of nine numeric characters followed by WA.

For example: 123456789WA.

Services Card – A plastic “swipe” card that the Department issues to each client on a “one- time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

Title XIX - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid.

Transaction Control Number (TCN) - A unique field value that identifies a claim transaction assigned by ProviderOne.

Usual and customary charge – The fee that the provider typically charges the general public for the product or service.

About the Program

What Is the Purpose of Childbirth Education (CBE)?

The purpose of CBE is to help prepare the client and her support person(s) to:

- Understand the physiological, emotional, and psychological changes the client is experiencing;
- Develop self advocacy skills;
- Understand what to anticipate prior to, during, and after labor and delivery;
- Understand and plan for the changes that occur post-pregnancy;
- Increase positive birth outcomes;
- Increase positive relationships with local community resources; and
- Increase positive parenting outcomes.

The Department of Social and Health Services (the Department) has an interlocal agreement with the Department of Health (DOH) to administer the Childbirth Education program for eligible Medicaid clients.

Freedom of Choice/Consent for Services

CBE clients have the right to choose their CBE provider and, if not enrolled in a managed care plan, any other Department provider, as allowed under Section 1902(a)(23) of the Social Security Act, as long as the provider meets all of the relevant statutory and regulatory requirements.

Client Eligibility

Who Is Eligible for Childbirth Education (CBE)?

Please see the Department/MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Note: Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

If the client is pregnant, but her BSP does not cover childbirth education, please refer her to the local Community Services Office (CSO) to be evaluated for a possible change in her BSP that would enable her to receive full-scope maternity care.

A CBE client is not required to be enrolled in Maternity Support Services (MSS)/Infant Case Management (ICM) in order to qualify for CBE-covered services.

Are Clients Enrolled in a Department Managed Care Organization Covered for CBE?

Yes. When verifying eligibility using ProviderOne, if the client is enrolled in a Department managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. Clients enrolled in a Department managed care organization (MCO) are eligible for childbirth education outside their MCO. The Department reimburses for childbirth education through its fee-for-service system. The coverage and billing guidelines in these billing instructions apply to managed care clients.

Bill the Department directly.

Provider Requirements

Who Can Provide Childbirth Education (CBE)?

To receive reimbursement for CBE, a childbirth educator must:

- Have a CBE program assurances document and approved curriculum on file with the Department;
- Deliver CBE services in a series of group sessions;
- Bill the Department according to these billing instructions;
- Accept the Department's maximum allowable fee as final and complete payment for services provided to a client;
- Be a DOH-approved CBE provider and submit claims with Department-designated CBE taxonomy 174400000X, which must be actively associated to appropriate provider NPI in the ProviderOne provider subsystem for the date of service;
- Have the following on file:
 - ✓ With the Department, a signed core provider agreement; and
 - ✓ With DOH:
 - CBE program assurances;
 - An approved curriculum; and
 - A copy of each educator's credentials and/or certification document.

Childbirth educators and/or agencies must complete the Department Core Provider Agreement prior to billing.

How Do I Become an “approved” CBE Provider?

Call the Department of Health at 1-360-236-3552 for a Provider Application packet that details a childbirth educator’s required qualifications, or request information from:

DOH – Maternal and Infant Health
Health Education Consultant
PO Box 47880
Olympia, WA 98504-7880

The Department considers billed services that are provided by staff not qualified to provide those services to be erroneous billings. The Department will recoup any resulting overpayment during an audit.

Coverage

What Is Covered?

The Department covers one series of CBE classes per client, per pregnancy when the education is:

- Provided to eligible clients (see Client Eligibility section);
- Delivered according to a curriculum approved by the Department of Health (DOH);
- Taught by an instructor approved by DOH;
- Delivered according to the signed assurances approved by the Department/DOH program consultants; and
- Delivered in a series of group sessions with a minimum of eight hours of instruction.

What Is Not Covered?

Under the Childbirth Education program, the Department does not cover CBE that is provided during a one-to-one home or office visit.

For information regarding one-to-one home or office visits, refer to the current Department/**MPA** *Maternity Support Services/Infant Case Management Billing Instructions*. To view or download this manual, visit the Department on-line at: <http://hrsa.dshs.wa.gov/download/BI.html>

Reimbursement

Reimbursement for Childbirth Education (CBE)

- Childbirth Education (CBE) must be for the clients specifically enrolled in the session.
- The Department's maximum allowable fee includes all classes, core materials, publications, and educational materials provided throughout the class series. Clients must receive the same materials that are offered to other attendees.
- A client must attend at least one CBE session in order for the provider to be paid for the CBE services.

Fee Schedule

You may view the Department/MPA Childbirth Education Fee Schedule on-line at:

<http://hrsa.dshs.wa.gov/RBRVS/Index.html>

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

What Records Specific to the Childbirth Education (CBE) Program Must Be Kept?

Specific to Childbirth Education:

Providers must:

- Make charts and records available to the Department, its contractors (such as DOH), and the US Department of Health and Human Services, upon their request, *for at least six years from the date of service* or more if required by federal or state law or regulation [refer to WAC 388-502-0020];
- Maintain:
 - ✓ An original signed copy of each client's Freedom of Choice/Consent for Services form;
 - ✓ A client sign-in sheet for each class; and
 - ✓ Documentation of names and **ProviderOne Client ID** numbers of First Steps attendees and the dates they participated in each CBE class.

What if the Mother Becomes Pregnant Soon After her Previous Pregnancy?

Enter the new “Due Date” in field **19** on the CMS-1500 Claim Form. This “resets” the claims processing clock for the new pregnancy.

Completing the CMS-1500 Claim Form

Note: Refer to the Department/MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to Childbirth Education:

Field No.	Name	Entry
24B	Place of Service	Enter Place of Service. For example: code 99 (other); 11 (office)
24D	Procedures, Services, or Supplies	Enter HCPCS code S9436 with modifier HD (S9436-HD).
24E	Diagnosis Code	Enter ICD-9-CM diagnosis code V22.2.
24F	\$ Charges	Enter your usual and customary charge.