

**Washington Apple Health (Medicaid)**

# **Childbirth Education Billing Guide**

**October 1, 2025**

## Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict arises between this document and a governing statute or Health Care Authority (HCA) rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If this is the most recent guide, please notify us at [askmedicaid@hca.wa.gov](mailto:askmedicaid@hca.wa.gov).

## About this guide\*

This publication takes effect **October 1, 2025**, and supersedes earlier billing guides to this program. Unless otherwise specified, the program in this guide is governed by the rules found in [WAC 182-533-0390](#).

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

Refer also to HCA's [ProviderOne billing and resource guide](#) for valuable information to help you conduct business with HCA.

## How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

## Health care privacy toolkit

The [Washington Health Care Privacy Toolkit](#) is a resource for providers required to comply with health care privacy laws.

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\* This publication is a billing instruction.

## Where can I download HCA forms?

To download an HCA form, see HCA's [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: 13-835).

## What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the Subject column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
<a href="#">Client Eligibility - EPSDT</a>	Added information regarding the services available through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.	To provide information about EPSDT services and accessibility.

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## Resources Available

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**Note:** This section contains important contact information relevant to childbirth education. For more information, see HCA's [ProviderOne Resources](#) webpage.

Topic	Contact Information
<b>Becoming an approved provider, obtaining online class approval, or general questions about the program</b>	Health Care Authority First Steps Program Manager 360-725-1293

## Definitions

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This section defines terms and abbreviations, including acronyms, used in this Medicaid Billing Guide. See [WAC 182-533-0315](#)

**Childbirth Education (CBE)** – A series of educational group sessions offered with at least six hours of instruction, led by an approved instructor, to prepare a pregnant client and their support person(s) for an upcoming childbirth.

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

**First Steps** – The program created under the 1989 Maternity Care Access Act (Chapter 74.09 RCW).

**Infant Case Management (ICM)** – Established as a component of the First Steps program to provide a parent(s) with information and assistance in accessing needed medical, social, educational, and other services to improve the welfare of infants.

**Maternity Support Services (MSS)** – A component of the First Steps program that provides enhanced services to clients during the maternity cycle and their newborn infants. MSS includes screening, assessment, basic health messages, education, counseling, case management, care coordination and other interventions delivered by an MSS interdisciplinary team.

## About the Program

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### What is the purpose of childbirth education (CBE)?

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

- Manage the physiological, emotional, and psychological changes experienced during and after pregnancy.
- Develop self-advocacy skills.
- Increase knowledge about and access to local community resources.
- Improve parenting skills.
- Improve the likelihood of positive birth outcomes.

### Freedom of choice/consent for services

CBE clients have the right to choose their own HCA-approved CBE provider even if they are enrolled in a managed care plan.

**Note:** A CBE client is not required to be enrolled or participate in Maternity Support Services (MSS)/Infant Case Management (ICM) to qualify for CBE classes.

## Client Eligibility

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### Who is eligible?

To be eligible for childbirth education classes (CBE), clients must be:

- Pregnant.
- Covered by a benefit package (BP) that covers CBE.

### How do I verify a client's eligibility?

Check the client's services card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service HCA will not pay for.

### Verifying eligibility is a two-step process:

**Step 1. Verify the patient's eligibility for Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in HCA's [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

**Step 2. Verify service coverage under the Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's [Program Benefit Packages and Scope of Services](#) webpage.



**Note:** Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online:** Go to [Washington Healthplanfinder](#) – select the “Let’s get started” button. For patients age 65 and older or on Medicare, go to [Washington Connections](#) select the “Apply Now” button.
- **Mobile app:** Download the [WAPlanfinder app](#) – select “sign in” or “create an account”.
- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 1-855-627-9604 (TTY).
- **Paper:** By completing an *Application for Health Care Coverage (HCA 18-001P)* form.  
To download an HCA form, see HCA’s Free or Low Cost Health Care, [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older or on Medicare, complete the *Washington Apple Health Application for Aged, Blind, Disabled/Long-Term Services and Support (HCA 18-005)* form.
- **In-person:** Local resources who, at no additional cost, can help you apply for health coverage. See the [Health Benefit Exchange Navigator](#).

## Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

Early periodic screening, diagnosis, and treatment (EPSDT) includes all services that are medically necessary to address health conditions for clients age 20 and younger. Providers may reference program-specific billing guides for services and equipment not covered by this billing guide and must follow the rules for the EPSDT program described in [chapter 182-534 WAC](#). Published limits for services covered under EPSDT, if any, may be exceeded based on agency review of medical necessity described in [WAC 182-501-0165](#).

## **Are clients covered for CBE if they are enrolled in an HCA-managed care organization?**

**Yes.** Clients enrolled in HCA-contracted managed care plans are eligible for childbirth education (CBE) outside of their plan. HCA reimburses for CBE through its fee-for-service system and the providers bill HCA directly. To verify eligibility when the client is enrolled in a Medicaid HCA-contracted managed care plan, view the managed care enrollment on the client benefit inquiry screen of ProviderOne.

## Provider Requirements

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### What are the provider requirements for CBE?

CBE classes may only be provided by HCA-approved CBE providers as outlined within these billing instructions.

The approved CBE provider must:

- Follow other requirements described in [WAC 182-533-0390](#).
- Meet staff qualifications described within these billing instructions.
- Include all required CBE topics on the [CBE Curriculum Checklist](#).
- Deliver CBE classes in a series of group sessions or through HCA-approved online classes.
- Obtain approval from HCA's First Steps Program Manager for the prerecorded online CBE class(es) that will be provided to eligible clients, if applicable. (See the [Resources Available](#) section in this guide for contact information for the First Steps Program Manager.)
- Allow all clients to choose any approved CBE organization, regardless of where they receive prenatal, post pregnancy, or pediatric medical care.
- Periodically view the [First Steps Maternity Support Services and Infant Case Management Provider](#) webpage for updates and information regarding the program.
- Bill HCA according to these billing instructions.

### What records must be kept specific to the CBE program?

Providers must:

- Make charts and records available to HCA, its contractors, 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 (see [WAC 182-502-0020](#)).
- Maintain:
  - An original or electronically signed copy of each client's freedom of choice form and consent for services form;
  - A client sign-in sheet or log-in verification for each class;
  - Documentation of names and ProviderOne Client ID numbers of eligible CBE clients attending and the dates they participated in each CBE class; and
  - Documentation of follow-up and follow-up attempts for online classes.

## CBE curriculum checklist

### Pregnancy Topics

- \_\_\_ Prenatal Care
- \_\_\_ Appropriate pregnancy exercises and their benefits
- \_\_\_ Ways of coping with common discomforts of pregnancy
- \_\_\_ Danger signs in pregnancy and what to do
- \_\_\_ Environmental hazards (including but not limited to alcohol use; tobacco use, secondhand smoke exposure, mercury, toxoplasmosis, and listeriosis)
- \_\_\_ Nutritional needs of client and fetus
- \_\_\_ Sexuality during pregnancy, (including safe sex education)
- \_\_\_ Preparing to breastfeed
- \_\_\_ Planning for a future pregnancy

### Labor and Birth Topics

- \_\_\_ Informed consent and decision making
- \_\_\_ The value and role of labor support persons (Doula, partner, friend, relative)
- \_\_\_ Signs and symptoms of true vs. false labor
- \_\_\_ Warning signs and what to do
- \_\_\_ Coping skills for each stage and phase of labor
- \_\_\_ Pain management techniques and options
- \_\_\_ Ways to minimize and/or work with labor complications
- \_\_\_ Medical procedures and interventions
- \_\_\_ Analgesia and anesthesia options
- \_\_\_ Types of deliveries (benefits and drawbacks of each)
- \_\_\_ Unexpected outcomes and what to do
- \_\_\_ Hospital routines

## Newborn Topics

\_\_\_\_ Newborn procedures (standard in Washington State) (APGAR test, metabolic screening, newborn eye prophylaxis, Vitamin K injection)

\_\_\_\_ Practices to discuss ahead of time with health care provider: such as cutting the cord, circumcision, bonding with baby immediately after birth, breastfeeding/lactation consultation

\_\_\_\_ Safe sleeping position (on the back), car seat safety, and well-child care.

## Family Adjustment Topics

\_\_\_\_ Physical and emotional changes

\_\_\_\_ Sexuality after pregnancy (including safe sex education)

\_\_\_\_ Protection from secondhand smoke exposure

\_\_\_\_ Signs of postpartum blues vs. postpartum depression vs. postpartum psychosis

\_\_\_\_ Potential stresses within family and how to access local supportive resources

\_\_\_\_ Breastfeeding (nutritional needs of client, lactation consultation resources)

## What qualifications must a person have to deliver CBE?

CBE classes must be provided only by a qualified person who meets the requirements outlined in this billing guide. To qualify as a CBE provider, the person must:

- Have a certification or credentials from a training organization that meets the Childbirth Educator training standards set by the [International Childbirth Education Association](#) (ICEA).
- Have a current Core Provider Agreement and National Provider Identifier (NPI).

**Note:** Only a person who meets the conditions outlined above is considered qualified to provide and bill for CBE classes provided to eligible clients. If HCA discovers payment was made for classes or follow-up provided by a nonqualified person, an overpayment will be established and monies will be recuperated.

## Coverage

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### What is covered?

HCA covers one series of CBE classes per client per pregnancy.

When the classes are provided in-person, the education must be delivered in a series of group sessions with a minimum of six hours of instruction. A client must attend at least one CBE session for the provider to be paid.

When the classes are provided online, the CBE provider must follow up with clients participating in online classes through a telemedicine visit, including audio-only or in-person. If the client does not appear for the follow-up visit, the provider must attempt to connect with the client one more time before billing HCA.

**Note:** Telemedicine is only allowed when the client has completed HCA-approved online CBE classes, and the required follow-up is not in person. Refer to HCA's [Provider Billing Guides and Fee Schedules webpage](#), under Telehealth, for more information on the following:

- Telemedicine policy, billing, and documentation requirements, under Telemedicine policy and billing
- Audio-only procedure code lists, under Audio-only telemedicine

### What is not covered?

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

For information regarding one-on-one home or office visits, refer to the current HCA [Maternity Support Services/Infant Case Management Billing Guide](#).

## Payment

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### **What are the general requirements for receiving payments for providing CBE?**

HCA pays for covered classes provided to eligible clients on a fee-for-service basis.

The CBE provider must accept HCA's maximum allowable fee as final and complete payment for classes provided to a client.

HCA'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.

### **Where do I find the fee schedule?**

You can view HCA Childbirth Education [Fee Schedule](#)

## Billing

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### What are the general billing requirements?

Providers must follow HCA's [ProviderOne Billing and Resource Guide](#). These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- How to bill for clients eligible for both Medicare and Medicaid.
- How to handle third-party liability claims.
- What standards to use for record keeping.

### What if a person becomes pregnant soon after a previous pregnancy?

If a person becomes pregnant soon after a previous pregnancy, enter the new "Due Date" in Claim Note section of the electronic professional claim. This "resets" the claims processing clock for the new pregnancy.

### How do I resolve issues with gender indicators when billing for transgender clients?

For a transgender client, providers must include a secondary diagnosis on the claim indicating that the client is transgender. Information on HCA billing practices for transgender clients can be found in the [Transhealth Program Billing Guide](#).



## How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's [Billers, providers, and partners webpage](#), under [Learn how to use ProviderOne](#), select [Webinars](#).

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\)](#) webpage.

The following claim instructions relate to Childbirth Education:

Name	Entry
<b>Place of Service</b>	Enter Place of Service. Example codes: <ul style="list-style-type: none"> <li>• 02 (telehealth provided other than in client's home)</li> <li>• 10 (telehealth provided in client's home)</li> <li>• 11 (office)</li> <li>• 99 (other)</li> </ul>
<b>Procedure Code</b>	Enter HCPCS code S9436 with modifier HD (S9436-HD)
<b>Diagnosis Code</b>	Enter diagnosis code Z32.2
<b>Submitted Charges</b>	Enter your usual and customary charge

Submit claims with HCA-designated CBE taxonomy 174400000X, which must be actively associated to appropriate provider NPI in the ProviderOne provider subsystem for the date(s) of service.