


Washington Apple Health (Medicaid)

Childbirth Education Billing Guide

October 1, 2017

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.



About this guide*

This publication takes effect October 1, 2017, and supersedes earlier guides to this program.

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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.

What has changed?

Subject	Change	Reason for Change
<u>Client Eligibility</u>	Removed information that was added in previous versions regarding Behavioral Health Organizations (BHO) and Fully-Integrated Managed Care (FIMC).	This information is not necessary in this guide because childbirth education is covered under fee-for-service.
<u>How do I resolve issues with gender indicators when billing for transgender clients?</u>	Added, "For a transgender client, providers must include a secondary diagnosis on the claim indicating that the client is transgender. Information on agency billing practices for transgender clients can be found in the <u>Physician-Related Professional Services Billing Guide</u> ."	Clarification

* This publication is a billing instruction.

How can I get agency provider documents?

To access provider alerts, go to the agency's [provider alerts](#) web page.

To access provider documents, go to the agency's [provider billing guides and fee schedules](#) web page.

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Resources Available

Note: This section contains important contact information relevant to childbirth education. For more information, see the agency's [ProviderOne Resources](#) web page.

Topic	Contact Information
Getting a provider application packet or general questions about the program	Health Care Authority First Steps Program Manager 360-725-1293

Definitions

[Refer to WAC [182-533-0315](#)]

This section defines terms and abbreviations, including acronyms, used in this Medicaid Billing Guide.

Childbirth Education (CBE) - A series of educational group sessions offered with at least eight hours of instruction, 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.

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 women 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

What is the purpose of childbirth education (CBE)?

[Refer to WAC [182-533-0390\(1\)](#)]

The purpose of CBE is to help prepare the client and her 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 agency-approved CBE provider even if they are enrolled in a managed care plan.

Client Eligibility

How can I verify a patient's eligibility?

[Refer to WAC [182-533-0390\(3\)](#)]

To be eligible for childbirth education classes, clients must be:

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

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's BP covers the applicable service. This helps prevent delivering a service the agency will not pay for. Verifying eligibility is a two-step process:

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

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

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

Note: Patients who are not Washington Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
Washington Healthplanfinder
PO Box 946
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

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

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

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

Provider Requirements

What are the provider requirements for CBE?

[Refer to WAC [182-533-0390\(4\)](#)]

CBE classes may only be provided by Agency-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.
- Allow all clients to choose any approved CBE organization, regardless of where she receives prenatal, post pregnancy, or pediatric medical care.
- Periodically view the [First Steps Maternity Support Services and Infant Case Management Provider web page](#) for updates and information regarding the program.
- Bill the agency according to these billing instructions.

What records must be kept specific to the CBE program?

[Refer to WAC [182-533-0390\(5\)](#)]

Providers must:

- Make charts and records available to the agency, 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 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 eligible CBE clients attending and the dates they participated in each CBE class.

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 mother 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, including a tour of a hospital/birthing center

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 mother, 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 the agency discovers payment was made for classes provided by a nonqualified person, an overpayment will be established and monies will be recuperated.

Coverage

What is covered?

[Refer to WAC [182-533-0390\(6\)](#)]

The agency covers one series of CBE classes per client per pregnancy. The education must be delivered in a series of group sessions with a minimum of eight hours of instruction.

A client must attend at least one CBE session for the provider to be paid.

What is not covered?

Under the Childbirth Education program, the agency 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 Agency [Maternity Support Services/Infant Case Management Billing Guide](#).

Payment

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

[Refer to WAC [182-533-0390\(7\)](#)]

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

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

The agency'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 the agency Childbirth Education [Fee Schedule](#)

Billing

Effective for claims billed on and after October 1, 2016

All claims must be submitted electronically to the agency, except under limited circumstances.

For more information about this policy change, see [Paperless Billing at HCA](#).

For providers approved to bill paper claims, see the agency's [Paper Claim Billing Resource](#).

What are the general billing requirements?

Providers must follow the agency'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 agency billing practices for transgender clients can be found in the [Physician-Related Professional Services Billing Guide](#).

How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on the agency’s [Billers and Providers](#) web page, under [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 \(EDI\)](#) web page.

The following claim instructions relate to Childbirth Education:

Name	Entry
Place of Service	Enter Place of Service. For example: code 99 (other); 11 (office)
Procedure Code	Enter HCPCS code S9436 with modifier HD (S9436-HD).
Diagnosis Code	Enter diagnosis code Z32.2
Submitted Charges	Enter your usual and customary charge.

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