



CHAPTER 533 BIRTHING CENTER SERVICES

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

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BACKGROUND

Birthing Centers are distinct entities that operate exclusively for the purpose of providing birthing services (uncomplicated newborn deliveries) to patients not requiring hospitalization. This Chapter sets forth requirements of the Bureau for Medical Services (BMS) regarding payment and processing of services provided by Birthing Centers to eligible West Virginia Medicaid members.

POLICY

533.1 PROVIDER PARTICIPATION

To participate in WV Medicaid, providers must be approved through BMS' fiscal agent contractor enrollment process prior to billing for any services. [Chapter 300, Provider Participation Requirements](#) presents an overview of the minimum requirements that providers must meet to enroll in and be reimbursed by the WV Medicaid Program.

The birthing center must be licensed by the appropriate state regulatory agency. Conditions of that licensure include the requirement for transfer agreement between the birthing center and an acute care general hospital for patients who might experience complications in the delivery. The facility must also be a contracted provider within a Medicaid Managed Care Organization (MCO) network if rendering services to MCO members. If the member is enrolled in an MCO, the provider must follow the requirements of the MCO.

533.2 COVERED SERVICES

The WV Medicaid Program covers newborn deliveries that may be safely performed in the birthing center setting, and that do not require the level of support and medical service available only in the inpatient hospital setting.

533.3 PRIOR AUTHORIZATION

Prior authorization requirements governing the provision of all West Virginia Medicaid services will apply pursuant to [Chapter 100, General Administration and Information](#).

533.4 NON-COVERED SERVICES

Non-covered services for Birthing Centers include, but are not limited to:

- Deliveries that cannot be safely performed in an outpatient setting or without support of the full array of hospital diagnostic and treatment services and equipment.
- Procedures not covered by Medicaid.
- Medical equipment or supplies dispensed for use in the patient's home.

Non-covered services are not eligible for a DHHR Fair Hearing or a Desk/Document review.

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533.5 DOCUMENTATION REQUIREMENTS

Documentation and record retention requirements governing the provision of all WV Medicaid services will apply pursuant to [Chapter 100, General Administration and Information](#) and [Chapter 300, Provider Participation Requirements](#) of the Provider Manual.

533.6 PAYMENT AND LIMITATIONS

Birthing Centers are reimbursed a one-time per case facility fee that covers the facility's cost, nursing services, other facility support staff, anesthetic and usual supplies related to the uncomplicated newborn delivery procedure. Supplies and other items incidental to the delivery are not covered for separate reimbursement. The cost of such items is included in the case payment to the facility.

Physician or nurse midwife professional charges are reimbursable by the Medicaid Program participating professional practitioner at [RBRVS rates](#) in effect for that particular procedure as of the date of service.

If the member is enrolled in a Medicaid Managed Care Organization (MCO), reimbursement will be made by the MCO based upon the agreement between the Birthing Center and the MCO.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Birthing Center: The American Public Health Association has adopted Guidelines for Licensing and Regulating Birth Centers which states that a birth center is: "Any health facility, place or institution which is not a hospital or in a hospital and where births are planned to occur away from the mother's residence following normal, uncomplicated pregnancy," and if care during labor and birth, other than in the woman's usual place of residence, is to be regulated for one health care provider or health care facility, it must be regulated for all health care providers and facilities regardless of corporate status, professional privilege or institutional investment.

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
New Chapter	Birthing Center Services		September 16, 2015