
**Rules of
Department of Social Services
Division 70—Division of Medical Services
Chapter 55—Nurse-Midwife Program**

Title	Page
13 CSR 70-55.010 Medicaid Program Benefits for Nurse-Midwife Services	3

**Title 13—DEPARTMENT OF
SOCIAL SERVICES**

**Division 70—Division of Medical
Services**

Chapter 55—Nurse-Midwife Program

**13 CSR 70-55.010 Medicaid Program
Benefits for Nurse-Midwife Services**

PURPOSE: The purpose of this rule is to establish, via regulation, the Department of Social Services' Division of Medical Services' guidelines regarding Medicaid coverage and reimbursement for services provided by nurse-midwives as mandated in Title 42 CFR 440.220(1).

Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.

(1) Administration. The Nurse-Midwife Program shall be administered by the Department of Social Services, Division of Medical Services. The medical services covered and not covered, the program limitations and the maximum allowable fees for all covered services shall be determined by the Department of Social Services, Division of Medical Services.

(2) Persons Eligible. Any person who is eligible for Medical Assistance Program benefits from the Department of Social Services and is in need of medical services in accordance with the procedures described in this regulation.

(3) Provider Participation. To be eligible for participation in the Missouri Medicaid Nurse-midwife Program, a provider must meet the following criteria:

(A) Be currently licensed and maintain an active license as a registered nurse.

1. A nurse-midwife who resides in or outside Missouri and who practices in whole or in part in Missouri must be a currently licensed registered nurse (RN) in Missouri.

2. A nurse-midwife who provides services, in whole or in part, to Missouri Medicaid recipients in a state other than Missouri must be a currently licensed registered nurse (RN) in that state and be legally authorized under that state's law to practice as a nurse-midwife; and

(B) Be currently certified and maintain active certification by the American College of Nurse-Midwives.

(4) Medicaid reimbursement for nurse-midwives will be limited to the following types of care in accordance with federal and state laws. The *Medicaid Nurse-Midwife Provider Manual* will contain a listing of covered and noncovered services:

(A) Complete care, management and monitoring of a woman in the absence of medical complications and her unborn/newborn infant throughout the course of the normal cycle of gestation including pregnancy, labor and delivery and the initial post-delivery/postpartum period not to exceed six (6) weeks; and

(B) Routine post-delivery care of the neonate, including physical examination of the baby and conference with parents.

(5) Nurse-midwives may be reimbursed by Medicaid for services performed in the following locations:

- (A) Inpatient hospital;
- (B) Outpatient hospital;
- (C) Office; and
- (D) Home.

(6) Reimbursement. Medicaid reimbursement for service(s) rendered will be the lower of the provider's usual and customary charge to the general public or the Medicaid maximum allowable amount.

(7) General Regulations. This rule shall not encompass all of the general regulations of the Medicaid Program. These regulations, however, shall be in effect for nurse-midwife services.

Auth: sections 207.020 and 208.153, RSMo (1986). This rule was previously filed as 13 CSR 40-81.045. Original rule filed Sept. 1, 1987, effective Dec. 1, 1987. Emergency amendment filed Nov. 18, 1987, effective Dec. 1, 1987, expired March 30, 1988. Amended: Filed Nov. 19, 1987, effective March 11, 1988.