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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 Depart-
ment 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 Pro-
gram shall be administered by the Department
of Social Services, Division of Medical Ser-
vices. The medical services covered and not
covered, the program limitations and the
maximum allowable fees for all covered
services shall be determined by the Depart-
ment 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 moni-
toring 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 neo-

da, including physical examination of the
baby and conference with parents.

(5) Nurse-midwives may be reimbursed by
Medicaid for services performed in the follow-
ing 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, how-
ever, 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
Emergency amendment filed Nov. 18,
1987, effective Dec. 1, 1987, expired
March 30, 1988. Amended: Filed Nov. 19,