



## Nurse Midwife

Certified nurse midwives (CNMs) are registered nurses (RNs) who have advanced education and midwifery training and certification. Nurse midwives work with women, before and after pregnancy, deliver babies in hospitals and in homes, provide family planning and birth control counseling and may provide gynecological exams.

### Covered Services

Medicaid provides reimbursement to nurse midwives for pregnancy related services such as office visits, maternity care, and prenatal and family planning services only. Some lab services are also covered Medicaid benefits.

### *Smoking/Tobacco Cessation Counseling*

Current Procedural Terminology (CPT) codes 99406 (Smoking and tobacco use cessation counseling visit, intermediate, 3-10 minutes) and 99407 (Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes) may be used to bill smoking cessation counseling for all Nevada Medicaid recipients. Procedure codes 99406 and 99407 are no longer restricted to counseling for pregnant women only. The limitation for both codes is a maximum of 24 encounters per year. These limitations can be exceeded if determined medically necessary by Nevada Medicaid.

### Prior Authorization Requirements

Nurse Midwife services do not require prior authorization.

### Billing Instructions

Submit all claims electronically using Direct Data Entry (DDE) through the Electronic Verification System (EVS) secure Provider Web Portal or use an approved Trading Partner. Refer to the [EVS User Manual](#) and the electronic billing [Companion Guides](#) for billing instructions.

### Third Party Liability

Providers must bill all third party insurance carriers before billing Medicaid. Medicaid reimburses for Medicare coinsurance and deductible up to the Medicaid allowable amount.

### Anesthesia Services

For instructions on billing anesthesia services, go to <https://www.medicaid.nv.gov> and select "Billing Information" from the "Providers" menu, then click "Anesthesia" under the "Billing Instructions by Service Type" heading.

### Essure Contraceptive System

The Essure Contraceptive System must be billed using CPT code 58565 for the procedure. Effective dates of service on or after Jan. 1, 2011, the supply must be billed using HCPCS code A4264, which has been assigned a dollar rate.

CPT code 58565 does not require prior authorization (PA). Effective dates of service on or after Jan.1, 2011, HCPCS code A4264 does not require PA. PA is required for the supply for dates of service on or before Dec. 31, 2010, and the PA must have included the manufacturer's invoice.

The [Sterilization Request Consent Form \(FA-56\)](#) must accompany the claim for the procedure. Do not send the manufacturer's invoice with the claim.



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**Home Visit Procedure Codes**

The following home visit procedure codes can be billed by PT 74:

Procedure Code	Procedure Code Description
99341	Home visit new patient [20 minutes]
99342	Home visit new patient [30 minutes]
99343	Home visit new patient [45 minutes]
99344	Home visit new patient [60 minutes]
99345	Home visit new patient [75 minutes]
99347	Home visit established patient [15 minutes]
99350	Home visit established patient [60 minutes]

**Fetal Ultrasound Codes**

The following table offers a guideline for fetal ultrasound CPT codes:

Code	Description	Gestation	Approved Indications
76801	Fetal/maternal eval	<14 weeks	<ul style="list-style-type: none"> <li>Once per pregnancy</li> </ul>
76805	Fetal and maternal eval after first trimester	>14 weeks	<ul style="list-style-type: none"> <li>Payable one time only, per practice</li> <li>To screen for congenital malformation</li> <li>To exclude multiple pregnancy</li> <li>To verify dates and growth</li> <li>To identify placental position</li> <li>Non-payable if 76811 has been utilized, unless a significant 2<sup>nd</sup> diagnosis</li> </ul>
76811	Fetal and maternal eval w/detailed fetal anatomic exam	14-26 weeks	<ul style="list-style-type: none"> <li>Payable one time only, per practice</li> <li>To screen for congenital malformation</li> <li>To exclude multiple pregnancy</li> <li>To verify dates and growth</li> <li>To identify placental position</li> </ul>
76813	Fetal nuchal translucency measurement	< 14 weeks	One time only with calculation of risk based on: <ul style="list-style-type: none"> <li>Maternal age</li> <li>Human chorionic gonadotropin</li> <li>Pregnancy-associated plasma protein A</li> </ul>
76815	Limited (fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume, one or more fetuses)		<ul style="list-style-type: none"> <li>To answer specific questions required</li> <li>Investigation</li> <li>In an emergency to verify cardiac activity</li> <li>To verify fetal presentation during labor</li> <li>Generally not appropriate if a prior complete exam is not on record</li> </ul>
76816	Follow up to eval fetal size, amniotic fluid volume or re-eval of organ system	26+ weeks	<ul style="list-style-type: none"> <li>Follow up fetal size, assess for growth</li> <li>Re-evaluation of organ system</li> <li>Verify placental position</li> </ul>



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Code	Description	Gestation	Approved Indications
			<ul style="list-style-type: none"> <li>Records must clearly state what the previous growth was. F/U ultrasound to evaluate growth is not payable if the growth was noted to be within normal limits on the initial ultrasound, unless there is a medical reason to suspect aberrant growth (e.g. chronic hypertension, diabetes, maternal obesity, multifetal gestation, prior macrosomic fetus)</li> </ul>
76817	Transvaginal	Dependent on diagnosis	<ul style="list-style-type: none"> <li>To confirm pregnancy</li> <li>To r/o ectopic or molar pregnancies</li> <li>To confirm cardiac pulsation</li> <li>To measure crown rump length</li> <li>To identify number of gestational sacs</li> <li>To evaluate vaginal bleeding</li> <li>To monitor cervix in cases of incompetent cervix, or maternal history of premature delivery &lt; 35 weeks</li> </ul>
76818	Fetal biophysical profile with non-stress testing	Third trimester	<ul style="list-style-type: none"> <li>High risk for significant fetal academia</li> <li>Suspected fetal compromise</li> <li>Increased risk of stillbirth</li> <li>Significant deterioration in clinical status</li> <li>Severe oligohydramnios</li> </ul>
76820	Doppler Velocimetry fetal umbilical artery		<ul style="list-style-type: none"> <li>Allowed only in cases with documented as asymmetrical IUGR</li> <li>Oligohydramnios</li> <li>Discordant twins</li> </ul>
76821	Doppler velocimetry fetal; middle cerebral artery		<ul style="list-style-type: none"> <li>To determine fetus at risk for anemia (e.g. red blood cell iso-immunization, parvovirus infection)</li> <li>Poor fetal growth affecting management of mother</li> </ul>
76825	Echocardiography Fetal		<p>Once per pregnancy for:</p> <ul style="list-style-type: none"> <li>A potential defect noted in the original ultrasound (76805 or 76811)</li> <li>A high risk of a potential heart defect (congenital history parent or sibling, abnormal screen)</li> <li>Extra cardiac abnormality</li> <li>Increased risk of chromosomal abnormality</li> <li>Fetal cardiac arrhythmia</li> <li>Non-immune hydrops</li> <li>Question of cardiac anomaly on prior sonogram</li> <li>IUGR</li> <li>Teratogenic exposure (alcohol, amphetamines, nticonvulsives, lithium)</li> <li>Maternal disorders (diabetes, collagen vascular disease, PKU, rubella, inherited familial syndromes)</li> </ul>



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Code	Description	Gestation	Approved Indications
76826	Follow up study; fetal echocardiography		Once per pregnancy if: <ul style="list-style-type: none"> <li>76825 is abnormal earlier in the pregnancy and the F/U up scan will alter or affect the treatment plan</li> </ul>
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display complete		Once per pregnancy: <ul style="list-style-type: none"> <li>Where a potential defect was noted in the original ultrasound (76805 or 76811)</li> <li>When there is high risk of a potential heart defect (congenital history, abnormal screen)</li> <li><b>Requires Prior Authorization</b></li> </ul>
76828	Follow-up or repeat study of Doppler echocardiography, fetal		Once per pregnancy if: <ul style="list-style-type: none"> <li>76827 was abnormal earlier in the pregnancy and the follow up study will alter the treatment plan</li> <li><b>Requires Prior Authorization</b></li> </ul>
93325	Color flow mapping		<ul style="list-style-type: none"> <li>If echocardiography is questionable or ambiguous</li> <li>If diagnosis depends on hemodynamic evaluation of intracardiac circulation which can only be obtained by Doppler</li> <li>When the diagnosis rests on measuring the fetal cardiac output</li> <li>To more precisely define a complicated diagnosis</li> <li>Add-on code and must be used in conjunction with 76825, 76826, 76827 or 76828</li> </ul>