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## **1.0 Description of the Service**

Childbirth education is a series of classes designed to help pregnant women and their support person to understand the changes experienced during pregnancy, to prepare for the labor and delivery experience, and to understand the postpartum period, including, but not limited to, the importance of proper postpartum care for the mother and the child. These classes are based on the goals and objectives approved by the Division of Medical Assistance (DMA), which are listed in **Section 5.2, Class Requirements**.

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

### **2.2 Limitations**

Pregnant women who receive Medicaid are eligible for this service.

### **2.3 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age**

#### **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination\*\* (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is

medically necessary “to correct or ameliorate a defect, physical or mental illness, or a condition” [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**\*\*EPSDT and Prior Approval Requirements**

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *Basic Medicaid Billing Guide*, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

*Basic Medicaid Billing Guide:* <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

EPSDT provider page: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

### 3.0 When Childbirth Education Is Covered

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

#### 3.1 General Criteria

Childbirth education is covered during pregnancy.

### 4.0 When Childbirth Education Is Not Covered

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

#### 4.1 General Criteria

Childbirth education is not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient is not pregnant;
- c. the procedure unnecessarily duplicates another provider's procedure; or
- d. the procedure is experimental, investigational, or part of a clinical trial.

### 5.0 Requirements for and Limitations on Coverage

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

#### 5.1 Prior Approval

Prior approval is not required.

#### 5.2 Class Requirements

Childbirth education includes a series of classes that meet for 1 or 2 hours each session, for a total of 10 hours of instruction. The classes shall be based on a written curriculum that outlines mandatory course objectives and the specific content covered in each class. Whether a nationally recognized curriculum is used or a curriculum is newly developed, content must include, but is not limited to, the following.

##### 5.2.1 Pregnancy

- a. Physical and emotional changes during pregnancy and childbirth
- b. Physical activity and exercise during pregnancy
- c. Nutritional needs of mother and fetus
- d. Avoidance of harmful practices and substances including alcohol, drugs, non-prescribed medications and nicotine
- e. Consumer advocacy
  1. Informed decision making for childbearing women
  2. Communication and negotiating skills with healthcare providers
  3. Birth plans

### **5.2.2 Labor and Delivery**

- a. The process of labor, including stages and phases as well as warning signs of preterm labor
- b. Non-pharmacological comfort measures such as breathing and relaxation techniques, touch, massage, and hydrotherapy, in addition to emotional and physical support of the mother
- c. Role of doulas, elders, or other support persons during labor and birth
- d. Types of deliveries
- e. Complications and relevant interventions such as an episiotomy or induction
- f. Obstetrical analgesia and anesthesia
- g. Education about hospital routines and the importance of touring the hospital/birthing center

### **5.2.3 Postpartum Care**

- a. Postpartum physical and emotional changes, including depression
- b. Postpartum physical activity and exercise
- c. Postpartum sexuality
- d. Family planning
- e. Breastfeeding issues/support

### **5.2.4 Infant Care**

- a. Normal newborn procedures
- b. Normal newborn appearances
- c. Preparation for breastfeeding
- d. Safe sleep positions

### **5.2.5 Other Topics**

Participants must be introduced to the following topics. If follow-up is needed, participants should be informed of where additional information can be obtained.

- a. Infant feeding
- b. Infant car seat use
- c. Importance of well-child care
- d. Family attachment to the newborn
- e. Potential stress within the family
- f. Family planning methods and referral, e.g., referral to medical provider or DSS family planning social worker; the Family Planning Waiver

## **5.3 Class Presentation**

Classes should be taught in the language of the participant or in a means to ensure understanding by the participant. Curriculum and educational materials should be culturally appropriate and reflect average readability (6th–8th grade reading level). A variety of materials, including videos, charts, and other teaching aids may be used.

#### 5.4 Class Schedule

Childbirth education classes are usually held in the second half of the pregnancy. They should be held when the support person can attend.

### 6.0 Providers Eligible to Bill for Childbirth Education

All Medicaid-enrolled providers (local health departments, physician or medical diagnostic clinics, outpatient hospitals, physicians, nurse practitioners, and nurse midwives) who employ certified childbirth educators are eligible to bill for this service.

#### 6.1 Provider Qualifications

To qualify for reimbursement for childbirth education classes, a provider must

- a. be enrolled with the N.C. Medicaid Program; and
- b. be certified as a childbirth educator by a nationally recognized organization for childbirth education or meet State-approved childbirth education program requirements ; and
- c. be a licensed practitioner operating within the scope of his or her practice as defined under State law; or
- d. be under the personal supervision of an individual licensed under State law to practice medicine.

#### 6.2 Staff Qualifications

It is the responsibility of the provider agency to verify all staff qualifications for their staff's provision of service. A copy of this verification must be maintained by the provider agency.

Childbirth education services must be rendered by a childbirth educator who meets one of the following criteria:

- a. Certification from a nationally recognized organization for childbirth education, such as the International Childbirth Education Association (ICEA), Lamaze International, or other national organizations as approved by DMA.
- b. Verification of meeting State-approved childbirth education program requirements.

**Note:** For more information, contact the Baby Love Program Manager at the Division of Medical Assistance:

Division of Medical Assistance  
Clinical Policy and Programs  
Baby Love Program Manager  
2501 Mail Service Center  
Raleigh NC 27699-2501

## 7.0 Additional Requirements

### 7.1 Federal and State Requirements

All providers must comply with all applicable state and federal laws and regulations.

### 7.2 Documentation

At a minimum, the client's record must include the following documentation:

- a. Client's name and date of birth
- b. Client's Medicaid identification number (MID)
- c. Dates of service
- d. Total service time component (ex: 1 hour = 1 unit)
- e. Name and title of person performing the service

### 7.3 Records Retention

As a condition of participation, providers are required to keep records necessary to disclose the extent of services rendered to recipients and billed to the N.C. Medicaid program [Social Security Act 1902(a)(27) and 42 CFR 431.107]. Records must be retained for a period of at least five years from the date of service, unless a longer retention period is required by applicable federal or state law, regulations, or agreements (10A NCAC 22F.0107).

Copies of records must be furnished upon request.

The Health Insurance Portability and Accountability Act (HIPAA) does not prohibit the release of records to Medicaid (45 CFR 164.502).

## 8.0 Policy Implementation/Revision Information

**Original Effective Date:** October 1, 2002

**Revision Information:**

Date	Section Revised	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	Text stating that providers must comply with Medicaid guidelines was added to Section 8.0
12/1/05	Section 2.3	The web address for DMA's EPSDT policy instructions was added to this section
12/1/06	Section 2.3	The special provision related to EPSDT was revised.
12/1/06	Sections 3.0 and 4.0	A note regarding EPSDT was added to these sections.
8/1/08	Section 1.0	The description of the service was redefined.
8/1/08	Section 4.0	The criteria for when the service is not covered were expanded.
8/1/08	Section 5.0	This section was revised to reflect new curriculum requirements.

<b>Date</b>	<b>Section Revised</b>	<b>Change</b>
8/1/08	Section 5.2	The maximum number of billable hours of instruction was increased from eight to ten.
8/1/08	Section 6.0	Provider qualification and staff qualifications were redefined.
8/1/08	Section 7.0	Plan of treatment/care and outcome removed from the policy as required documentation.
8/1/08	Section 8.0	The billing guidelines were reformatted as Attachment A.

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all Medicaid guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

### B. Diagnosis Codes That Support Medical Necessity

Providers must bill the ICD-9 CM diagnosis codes to the highest level of specificity that supports medical necessity.

ICD-9-CM Code	Description
V22.0	Supervision of normal first pregnancy
V22.1	Supervision of other normal pregnancy
V22.2	Pregnant state, incidental
V23.0	Pregnancy with history of infertility
V23.1	Pregnancy with history of trophoblastic disease
V23.2	Pregnancy with history of abortion
V23.3	Grand multiparity
V23.41	Pregnancy with history of pre-term labor
V23.49	Pregnancy with other poor obstetrical history
V23.5	Pregnancy with other poor reproductive history
V23.7	Insufficient prenatal care
V23.81	Elderly primigravida
V23.82	Elderly multigravida
V23.83	Young primigravida
V23.84	Young multigravida
V23.89	Other high-risk pregnancy
V23.9	Unspecified high-risk pregnancy

### C. Procedure Code(s)

HCPCS code S9442—Birthing classes, non-physician provider, per session

### D. Modifiers

There are no modifiers used for this service.

### E. Billing Units

Childbirth education is reimbursed per class. Each class can be either one hour or two hours.

The childbirth education provider may submit claims for reimbursement only for classes that the client attends. A maximum of 4 hours of instruction (four 1-hour classes or two 2-hour classes) may be provided per day and a maximum of 10 hours of instruction (ten 1-hour classes or five 2-hour classes) may be billed for reimbursement per pregnancy. A complete childbirth education series consists of ten hours of instruction.

Childbirth education must be billed per date of service.

**F. Place of Service**

This service can be rendered at an outpatient facility or in an office.

**G. Co-Payments**

This service does not require a co-payment.

**H. Reimbursement**

Providers must bill their usual and customary charges.