

MEDICAID FEE-FOR-SERVICE REIMBURSEMENT RATES FOR CNMs and CMs as of September 2013

STATE	RATE	SET BY LAW OR RULE?	DESCRIPTION OF TEXT OF LAW OR RULE	CITATION	FEE SCHEDULES or PRACTITIONER MANUALS	PERTINENT LINKS	STATE MEDICAID OFFICE
Alabama	80%	Regulation	Regulations discusses reimbursement to CNMs, but does not mention reduced reimbursement amount.	Al. Admin. Code 560-X-21-.04	CNM Medicaid manual also fails to note reduced reimbursement amount. The state Medicaid office's Provider Relations Representative for CNMs did not know the reimbursement rate, but she did mention that CNMs are covered as part of the Independent Contractor Maternity Care Program. The operational manual for this program is available online at http://www.medicaid.state.al.us/documents/Program-Maternity/3E-Maternity.Operations.Manual_8-1-06.pdf . Page 40 notes that Delivering Health Care Professionals, which are defined in the glossary to include CNMs, must be reimbursed at 100% of the Medicaid rate. The next paragraph notes that CNMs, who are technically included in the DHCP group, should not be reimbursed less than 80%. To clarify this discrepancy, Laura Hamilton in the Maternity Care Program at (334) 353-5539 was contacted. She stated that regardless of their classification as DHCPs, CNMs are coded to be reimbursed at 80% in the system.	http://www.medicaid.state.al.us/documents/Billing/5-G_Manuals/5G-2_Provider.Manual_Jan.2006/Jan06_25.pdf	Alabama Medicaid Agency
Alaska	85%	Regulation	"...the department will pay an in-state advanced nurse practitioner, including nurse-midwife, not to exceed 85 percent of the rate..."	7 Alaska Admin. Code 145.100		www.medicaidalaska.com/providers/FeeSchedule.asp	Alaska Medicaid is part of the Department of Health and Social Services.
Arkansas	80%	Regulation	"The methodology used by the Arkansas Medicaid Program to determine reimbursement rates for all certified nurse-midwives is a fee schedule. Under the fee schedule methodology, reimbursement is based on the lesser of the billed charges for each procedure or the maximum allowable for each procedure."	Ark. Admin. Code 016.06.25-251.000	CPT calculations using online fee schedules demonstrate an 80% reimbursement rate.	www.medicaid.state.ar.us	Arkansas Medicaid is part of the Department of Human Services.
Arizona	90%	Regulation	"The Administration shall pay providers, including noncontracting providers, at the lesser of the billed charges or the capped fee-for-service rates...unless a different fee is specified in a contract between the Administration and the provider, or is otherwise required by law."	Az. Admin. Code R9-22-710	Fee-for-service provider manual notes on p.3-12 that CNMs are reimbursed at 90% of the physician rate.	http://www.azahcccs.gov/commercial/Downloads/FFSProviderManual/FFS_Chap03.pdf	Arizona Health Cost Containment System

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California	100%	Regulation	"Reimbursement for services rendered by a nurse-midwife...shall be the usual charges made to the general public not to exceed the maximum reimbursement rates..."	22 Cal. Admin. Code 51503.2	Non-physicianpractitioner's manual notes that "services ordered by a CNM, with the exception of prescription drugs, are covered to the same extent as if ordered by a physician."	http://www.dhcs.ca.gov/Pages/default.aspx	Medi-Cal is part of the Department of Health Care Services.
Colorado	100%	Regulation	Regulation notes that reimbursement shall be made as described in Section 8.220.8.A, which states that "physician services shall be reimbursed at the lower of the following: submitted charges; or fee schedule as determined by the Department."	10 CO Code Regs, 2505-10:8.200	CNM medicaid manual points to section 8.200 as the basis for reimbursement rates, even though it is ostensibly concerned with physicians only.	http://www.colorado.gov/cs/Satellite/HCPF/HCPF/119796948590	The Department of Health Care Policy & Planning
Connecticut	90%	Regulation	Conn. Agencies Regs. 17b-262-583 states that "nurse-midwifery rates for each procedure shall be set at 90% of the department's fee for physician procedure codes."	Conn. Agencies Regs. 17b-262-583			Department of Social Services
Delaware: CNMs & CMs	100%	Regulation	"All providers...must bill the DMAP using their usual and customary charges or, when specified in the Provider Specific Manual, prospective rates established on a contractual basis with the DMAP... The DMAP will reimburse the lower of the provider's U&C or the prospectively determined rate..."	16 Del. Admin. Code MED 1.13	The practitioner provider manual groups midwives and MDs in the same practitioner category (see section 1.o). CNMs share a fee schedule with physicians.	www.dmap.state.de.us	Delaware Health & Social Services -- Division of Medicaid
District of Columbia	100%	Regulation	29 DCMR 915 and 919 note that midwives may be enrolled as individual practitioners in Medicaid and are authorized to receive direct reimbursement for services performed within their scope of practice. None of the regulations note a reduced reimbursement rate. 29 DCMR 995 notes that "for all services rendered on or after January 1, 2011, Medicaid reimbursement rates for fee-for-service physician and specialist services shall be 80% of the rates paid by the Medicare program." Section 6 of this regulation directs the reader to the Dept. of Health Care Finance's website for reimbursement rates.	29 DCMR 995	There is only one fee schedule for providers.	https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleInquiry	Department of Health Care Finance
Florida	80%	No			Florida APRN Medicaid Manual reimbursement section was last updated in January 2004. Page 3-2 of the manual notes that APRNs are reimbursed at 80 percent of the physician rate.	http://portal.flmmis.com/FLPublic/ProviderProviderSupport/ProviderProviderSupportFeeSchedules/tabId/44/Default.aspx	Agency for Health Care Administration

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Georgia	100%	No			The nurse-midwife Medicaid manual notes that reimbursement rates will be the lowest of the regular price, the lowest price charged to another third party, or the statewide maximum. For CNMs and MDs, the maximum amount is 84.645% of the 2000 RBRVS for Medicare. CNMs share a fee schedule with physicians	www.mmis.georgia.gov	Department of Community Health
Hawaii	75%	Statute	Rates of payment to providers of medical care who are individual practitioners...shall be based upon the Hawaii Medicaid fee schedule.	Hawaii Rev. Stat. 346-59	A reduced reimbursement rate for CNMs is not noted in law, rule, or agency manual. The state office was contacted. Patti Bazin, Health Care Services Branch Administrator, said that the reimbursement rate was 75%. When asked where that was written, she said they "do not have that documented." APRNs are notified of their reimbursement rate in their licensure letter. The letter states that "as an APRN, you will be reimbursed at 75% of the posted fee schedule." Note that there is some question as to whether Hawaii can offer a reduced reimbursement rate in all instances due to 2011 legislation that identified APRNs as PCPs at hospitals.		Department of Human Services MedQuest Division
Idaho	85%	Regulation	"The Department will reimburse for each service to be delivered by the NP, NM, or PA as either the billed charge or reimbursement limit established by the Department, whichever is less."	IDAPA 16.03.09.525	Idaho Medicaid Manual from August 2010 notes that CNMs will receive the lowest of either the charged service fee or 85% of the physician's fee at page 2.	Manual may be downloaded at https://www.idmedical.com/Provider%20Guide/Provider%20Handbook.aspx .	Department of Health and Welfare
Illinois	100%	Regulation	Regulation notes that the section applies to physicians, dentists, advanced practice nurses, optometrists, podiatrists, and chiropractors. "Payment will be made according to a schedule of statewide pricing screens established by the Department...The Department will distribute to practitioners the maximum allowable amounts for the most commonly billed procedure codes."	89 Ill. Admin. Code 140.400	The individual practitioner page on the Illinois Medicaid website notes that "all services rendered by an APN are reimbursed at 100 percent of the physician's rate."	http://www.hfs.illinois.gov/reimbursement/practitioner.html	Healthcare and Family Services

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Indiana	75%	Regulation	"Reimbursement for services provided by independently practicing respiratory therapists and advance practice nurses shall be equal to seventy-five percent of the physician and LLP fees for that service..."	405 Ind. Admin. Code 1-11.5-2	Chapter 7 of the Indiana Medicaid manual notes that the reimbursement rate for CNMs is 75% because of "differences in education and training" (31). Due to the inclusion of the term "independent practitioners" in the reimbursement methodology, the Indiana Health Coverage Programs provider assistance was contacted via email at inixwrittencorr@eds.com. They responded that, essentially, any practitioner who enrolls in the program on an individual basis is an independent practitioner.	http://provider.indianamedicaid.com/general-provider-services/manuals.aspx	Family and Social Service Administration
Iowa	85%	Regulation	The regulation notes that the basis of reimbursement for ARNPs will be the fee schedule; upper limit of reimbursement levels cannot exceed the fee schedule in effect on 11/30/09 less five percent.	Iowa Admin. Code 441-79.1(249A)	Fee schedules are XML files and lack pagination. CNM CPT codes used for analysis may be found at row 7213-7728. MD CPT codes used for analysis may be found at row 7221-7236.	www.ime.state.ia.us/Reports_Publications/FeeScheduleAgreement.html	Department of Human Services
Kansas	75%	Regulation	"The maximum rate for a service provided by an advanced registered nurse practitioner or a registered nurse anesthetist shall be one of the following: (a) When the services may be provided by a physician, the rate shall be 75% of that allowed for the physician, except for anesthesia services and Kan Be Healthy screenings; or (b) other services shall be based upon reasonable fees as related to customary charges, except no fee shall be paid in excess of the range maximum."	Kan. Admin. Regs. 30-5-113a			Department of Health and Environment, Division of Health Care Finance
Kentucky	75%	Regulation	"...reimbursement for a procedure shall be based on the lesser of the following: (a) the ARNP's actual billed charge for the service; or (b) seventy-five percent of the amount reimbursable to a Medicaid participating physician for the same service..."	907 Ky. Admin. Regs 1:104			Cabinet for Health and Family Services
Louisiana	80%				First page of January 2011 Medicaid fee schedule has a coding system for the first column that correlates certain numbers to reimbursement rates. Codes that apply to CNMs are listed below: Code 2: CNMs reimbursed at 80% of physician fee Code 3: CNMs reimbursed at 80% of physician fee, except for selected immunizations and screenings that are reimbursed at 100% Code 7: CNMs reimbursed at 80% of physician fee, except for selected immunizations and screenings that are reimbursed at 100%	www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm	Louisiana Medicaid is a subset of the Department of Health and Hospitals

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Maine	100%	Regulation	Section 14.06 notes that reimbursement for CNMs is “the amount listed on the Office of MaineCare Services’ website, for services described in Chapters II and III, Physician’s Services, of this manual; the lowest amount allowed by Medicare-Part B, when applicable; or the provider’s usual and customary charge.” The regulation then specifically directs the reader to the physician’s fee schedule.	10-44 Code of Maine Rules Ch. 101, Ch. II		http://www.maine.gov/dhhs/audit/mainecare/forms.shtml	Department of Health and Human Services
Maryland	100%	Regulation	“The Department will pay for applicable covered services the lower of the provider’s amount billed to the Program or the maximum rates according to COMAR 10.09.02.07,” which is the physician’s reimbursement regulation.	COMAR 10.09.21.07(D)	The physician’s services provider fee manual similarly notes on p. 6 that payments to CNMs will be the lower of “physician’s customary charge or acquisition cost, or program’s fee schedule.”	http://www.emdhealthchoice.org/providerinfo/pdf/2010/Nov10/Phys-svcs-prov-fee-man_Nov-2010.pdf	Department of Health and Mental Hygiene
Massachusetts	100% for independent practitioners/ 85% for non-independent practitioners	Regulation	<p>According to 130 CMR 414.402 and 414.404, CNMs in Massachusetts may be paid as “independent nurses,” defined as a nurse who independently enrolls as a provider. Payment rates are partially established by regulation. 130 CMR 414.418 notes that the maximum allowable fees will be the “lower of the independent nurse’s usual and customary fee; or the rate that SHCFP had established for that service.” Independent nurses share a fee schedule with physicians in Massachusetts. The 100% reimbursement rate under these circumstances was confirmed by the DHCFP office on 3/19/12.</p> <p>There are some caveats to this arrangement. MassHealth will not reimburse CNMs for independent nursing practice unless, according to 130 CMR 414.408, the services were ordered by a physician and prior authorization was obtained from MassHealth, among other conditions. 130 CMR 414.409 further notes that independent nursing services are not covered in “a hospital, nursing facility, intermediate care facility for the mentally retarded, or any other institutional setting providing medical, nursing, rehabilitative, or related care.” Moreover, the independent nurse’s services are not covered for visits less than two hours in duration.</p>	130 CMR 414.418	(Explanation of regulations cont'd): 130 CMR 433.419 complicates the reimbursement issue. Section B notes that reimbursement is made to either the independent nurse-midwife or the physician employer of the non-independent nurse-midwife. While 130 CMR 414.404 notes that eligibility for independent nurse status is merely being “licensed and in good standing as a nurse by the board of registration in nursing for the state in which the nursing services are provided; and signs a MassHealth provider contract and is assigned a MassHealth provider number,” different requirements are established in 130 CMR 433.419(c). This rule says that CNMs who wish to become independent providers in MassHealth must submit documentation that “he or she is a member of a group practice comprising physicians and other practitioners and is compensated by the group practice in the same manner as physicians and other practitioners in the group practice; (or) a member of a group practice that solely comprises nurse-midwives;(or) in a solo private practice.”		Health and Human Services: Div of Health Care Policy and Finance and Division of Medical Assistance

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Michigan	100%	No	<i>Note:</i> Statutes contain general reference to fee schedules and covered services.	M.C.L.A. 400.109; M.C.L.A. 400.111b	A comparison of reimbursement rates for the three standard CPT codes confirms 100% reimbursement. Moreover, physicians and CNMs share a billing and reimbursement procedure chapter in the state Medicaid manual.	http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-151022--00.html	Department of Community Health
Minnesota	100%	No	<i>Note:</i> Regulations contain general reference to fee schedules and covered services. Birth center reimbursement rate is set by statute.	Minn. Rules, part 9505.0320; MN Stat. §256B.0625	Detailed payment methodology is available at Minnesota Medicaid's website.	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_146898#	Department of Human Services
Mississippi	90%	Regulation	<i>Note:</i> CNMs are considered NPs for purposes of Medicaid reimbursement. "The reimbursement for nurse practitioners will be 90% of the amount allowed by physicians for procedures."	Miss. Admin. Code 23-1-15:27.04	Rate is also found in Medicaid provider's manual.	http://www.medicaid.ms.gov/Manuals/Section%2027%20-%20Nursing%20Services/Section%2027.04%20-%20Nurse%20Practitioners.pdf	Mississippi Division of Medicaid
Missouri - CNMs	100%	Regulation	"MO HealthNet reimbursement for service(s) rendered will be the lower of the provider's usual and customary charge to the general public or the MO HealthNet maximum allowable amount."	13 Mo. Admin. Code 70-55.010(6)	This is reiterated on page 2 of the June 2008 Missouri CNM Medicaid Manual.	http://dss.mo.gov/mhd/providers/	Missouri Department of Social Services
Missouri - CMs	Not Eligible	Regulation	Regulation only identifies CNMs as providers.	13 MO Admin. Code 70-55.010			
Montana	90%	Regulation	"Reimbursement for services...is the lower of: usual and customary charges; or 90% of the reimbursement for physicians..."	Mont. Admin. R. 37.86.205	July 2004 Montana Medicaid Manual section 9.5 notes the 90% reimbursement rate for most services. CNMs receive 100% reimbursement for "immunizations, family planning, drugs paid via HCPCS Level II codes, services to clients under age 21 (i.e., Well Child EPSDT services), lab and pathology services, radiology, cardiography and echocardiography."	http://medicaidprovider.hhs.mt.gov/providerpages/disclaimer.shtml	Department of Public Health and Human Services
Nebraska	100%	Regulation	"Payment for nurse-midwife services is made at the lower of the provider's submitted charge; or the Medicaid allowable amount for the procedure code billed."	471 Nebraska Admin. Code 18-004.42			Department of Health and Human Services

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Nevada	88%	No			The rate was calculated using CNM and MD fee schedules available online. The CNM manual was last updated in October 2010; CPT codes are found on pages 92-93. The MD manual was last updated in November 2011; CPT codes are found on pages 101-102.	http://dhcfp.nv.gov/provider.htm	Department of Health and Human Services
New Hampshire	100%	Regulation	Rate is set only implicitly by regulation, which states that "payment for ARNP services shall be established by the Department."	NH Admin R. He-W 534.08	DHHS has grouped ARNPs with physicians as practitioners in the state Medicaid manual. The ARNP section of the manual, beginning on page 2-27, discusses reimbursement for nurse-midwifery terms in generic provider terms. There is only one applicable fee schedule for ARNPs, which is the same fee schedule used by physicians. DHHS (603/271-4344) confirmed the 100% rate.	http://www.nhmedicaid.com/Downloads/manuals.html	Department of Health and Human Services
New Jersey -- CNMs	70%	Regulation	NJ ADC 10:58-1.7 says that "reimbursement for CNM services shall be based upon the provider's usual and customary charge or the allowance determined by the Commissioner of the Dept of Human Services and contained in NJAC 10:58-3, whichever is less." NJAC 10:58-3 is a fee schedule.	NJ Admin. Code 10:58-1.7	When CNM rates for the usual CPT codes are compared with max physician rates, the ratio is 70%.		Department of Human Services
New Jersey -- CMs	Not Eligible	Regulation	Regulation only identifies CNMs as providers.	N.J. Admin. Code 10:49-3.1			
New Mexico	100%	Regulation	"CNMs are reimbursed at the rate paid to physicians for furnishing similar services."	NM Admin. Code 8.310.10			Human Services Department
New York -- CNMs & CMs	85%	No			Reimbursement rate is not set in law or rule. The Midwifery Medicaid Manual notes that any person "meeting the qualifications of State Education Law, Article 140, Section 6951 may provide midwife services." This law is the definition of the practice of midwifery and it encompasses CNMs and CMs, meaning that CMs are eligible providers for Medicaid in New York and share a reimbursement rate with CNMs. Reimbursement fees are established by the Department of Health. Physician and Midwife fee schedules were compared to compute the reimbursement rate. Fee schedules were updated Jan. 2012.	https://www.emedny.org/providermanuals/index.aspx	State Department of Health

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North Carolina	97%	Regulation	Cited regulation does not discuss specific reimbursement rate.	NC Admin. Code tit. 10A, r.22G.0402	The fee schedules note the effective date of rates and it appears that the drop to 97% from 100% occurred November 1, 2011.	http://www.ncdhhs.gov/dma/provider/financial.htm	Division of Medical Assistance
North Dakota	75%	No			The North Dakota Medical Manual, published September 2011, notes that the reimbursement rate for APRNs is 75% of the physician's fee on page 48. However, the section is addressed toward NPs and there is a separate CNM section beginning on page 104 that does not mention reimbursement rates. In order to verify that the 75% rate applies to all categories of APRNs, the North Dakota Medicaid office was emailed for clarification. They responded that, "Currently ND Medicaid allows/reimburses CNMs at 75% of our PFS, as are all APRNs."	http://www.nd.gov/dhs/services/medicaid/provider-all.html	Department of Human Services
Ohio	100%	Regulation	Ohio ADC 5101:3-1-60(E) notes that "physicians...and other limited practitioners" will be reimbursed at the "lesser of their billed charge or the medicaid maximum." Section (J)(1) of the regulation further states that for practitioners "the medicaid maximum's are 100% of the amounts shown in appendix DD," which is the medicaid fee schedule	Ohio ADC 5101:3-1-06	The state's APN manual also directs readers to this regulation in the chapter on APN reimbursement.	http://ifs.ohio.gov/ohp/provider.stm	Department of Job and Family Services
Oklahoma	100%	Regulation	Okla. Admin. Code 317:25-7-3 includes CNMs in the "provider or physician group." The regulation specific to CNM reimbursement has been revoked, but a more generalized reimbursement regulation (Okla. Admin. Code 317:25-7-40) notes that covered services are reimbursed at the fee schedule rate. No regulation mentions a reduced reimbursement rate for CNMs.	Okla. Admin. Code 317:25-7-40	The CNM section of the provider's website has a link for reimbursement that takes you to the physician's reimbursement page. CNMs share a fee schedule with MDs	http://www.okhca.org/providers.aspx?id=45&parts=7437_7439_7443_7455	Oklahoma Health Care Authority
Oregon	100%	Regulation	NP reimbursement rate is not set by statute or regulation. They would, however, fall under Or. Admin. Rules 410-120-1340, which discusses maximum allowable rates for reimbursement. Some types of practitioners are noted to receive a lower rate vis-à-vis physicians, but NPs are not included.	Or. Admin. Rules 410-120-1340	The Medical-Surgical Services Handbook (p.1) defines nurse practitioners as "performing providers." The Oregon Health Plan website does not feature different fee schedules divided by practitioner, nor does the physician fee schedule have a modifier code that could be used for NPs. Rates for Professional Services section on the website also does not distinguish between provider.	www.oregon.gov/OHA/healthplan	Oregon Health Authority
Pennsylvania	100%	Regulation	<i>Note:</i> Reimbursement rate is only implicitly set by regulation, which states that "payment is made for covered services provided by participating midwives subject to the conditions and limitations established in this chapter...and the MA payment fee schedule."	55 Pa. Code 1142.51	The 2012 Medicaid Provider Manual classifies CNMs as OB-GYNs providers, even though the state Medicaid program does not define CNMs as PCPs. They are reimbursed at the same level as physicians (60, 121).		Department of Public Welfare

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Rhode Island -- CNMs & CMs	100%	No			An email in the files dated December 22, 2010 from Charles Alexander, Chief of the RI Health Professions Regulation, notes that the "the fee-for-service reimbursement rate [for CNMs and CMs] is 100% of the physician fee schedule." Rhode Island Medicaid places CNMs in the same reimbursement category of physicians. The applicable fee schedule has only one possible reimbursement amount for CNMs/CMs and MDs	http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/tabid/768/Default.aspx	Department of Human Services
South Carolina	100%	Regulation	"Midwifery services are covered when furnished by a certified nurse-midwife in a clinical practice meeting the education and training requirements set forth in the laws governing nursing in South Carolina pertaining to CNMs."	SC Code of Regulations R. 126-303	According to section 2-4 of the SC Medicaid Providers Manual, updated on 1/1/2012: "A certified nurse midwife (CNM) must be licensed to practice as a registered nurse and as a certified nurse midwife in the state in which he or she is rendering services. Services are provided under the supervision of a physician preceptor according to a mutually agreed-upon protocol. Reimbursement is 100% of the physician rate" (19).	http://www.scdhhs.gov/openpublic/providers.s.asp	Department of Health and Human Services
South Dakota	100%	Yes	"The amount of payment for services under the medical assistance program shall not exceed the provider's usual and customary charge."	S.D. Admin. R. 67:16:01:09	October 2011 SD Medicaid Provider Handbook notes on page 19 that, "Services provided by a nurse midwife or a nurse anesthetist shall be reimbursed at the same rate as if a physician provided the service."	http://dss.sd.gov/medicalservices/docs/ProfessionalServicesManual.pdf	Department of Social Services
Tennessee	90%	No	Note: Reimbursement rate is not specifically set in regulation.		Page 701 of the Tennessee Medicaid Manual notes that nurse-midwife services will be reimbursed at 90% of the maximum amount paid to physicians. This rate has been in effect since January 1993. In July 2000, a nurse-midwife emergency payment methodology for Medicaid services was enacted. Page 702 of the manual notes that during designated emergency periods, nurse-midwives will only be paid 85% of the Medicaid rate for the procedure.	http://www.tn.gov/tenncare/forms/4-19-b.pdf	Department of Human Services
Texas	92%	Regulation	"Effective for services delivered on and after March 1, 2006, covered professional services provided by a certified nurse midwife (CNM) and billed under the CNM's own provider number are reimbursed the lesser of the CNM's billed charges or 92% of the reimbursement for the same professional service paid to a physician (M.D. or D.O.). CNMs are reimbursed at the same reimbursement level as physicians for laboratory services, x-ray services, and injections."	1 Texas Admin. Code 355.8161			Health and Human Services Commission

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Utah	100%	No	Note: Reimbursement rate is not specifically set in regulation.		Reimbursement rate was calculated using CPT codes. October 2011 CNM Medicaid Manual notes a reimbursement rate of 112% when services are performed in a rural area. "Services performed in rural areas will be reimbursed at 12% higher than the regular fee for global maternity care. The higher fee is available only when the CNM practices or travels to the rural setting" (11).	http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php	Department of Health
Vermont	100%	Regulation	"Reimbursement is made to enrolled nurse practitioners in either independent practice or affiliated with a physician when certified as a nurse-midwife...These services are reimbursed at the lower of the actual charge or the Medicaid physician fee for the service."	VT Admin. Code 12-7-3:7301	February 2012 Vermont Medicaid Manual notes on page 21 that for CNMs "Reimbursement basis is 100% of the Vermont Medicaid rate on file."	http://www.vtmedicaid.com/Downloads/manuals/ProvManual%202-1-2012.pdf	Department of Vermont Health Access
Virginia	100%	Regulation	Regarding nurse-midwifery services, the regulation states that payment will be the lower of the state agency fee schedule or actual charge.	12 Virginia Admin. Code 30-80-30	CNMs share a Medicaid Provider Manual and fee schedule with physicians in Virginia, indicating parity in reimbursement rates	https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual/	Department of Medical Assistance Services
Washington	100%	Regulation	Note: Regulation does not specify reimbursement rate. "The department reimburses physicians and related providers for covered services provided to eligible clients on a fee-for-service basis..."	Washington Admin. Code 182-531-1900	The Washington Medicaid Manual (updated 2011) notes on p. A.7 of the introductory chapter that ARNPs, which include CNMs, may bill for physician-related services. Fee schedules in Washington are divided by place or general area of care, but make no distinction between maximum physician reimbursement rate versus ARNP rates.	http://hrsa.dshs.wa.gov/download/Index.htm	Department of Social and Health Services
West Virginia	100%	No			Chapters 200 and 519 of the West Virginia Medicaid Practitioners Manual (updated January 2012) p. 24 and 17, respectively, define CNMs as PCPs. Accordingly, there is not a separate fee schedule for CNM or APRN services in West Virginia.	http://www.dhhr.wv.gov/bms/Pages/default.aspx	Department of Health and Human Resources
Wisconsin	90% or 100% with master's degree	No	Note: Regulation addresses covered services, but not reimbursement rate.	Wisconsin Admin. Code s DHS 107.121	Wisconsin CNM Medicaid Manual notes that CNMs receive 100% of the physician fee for laboratory services and injections; 90% of the physician fee for most medical services. This ratio is verified by fee schedules. However, there is a loophole for reimbursement at the 100% level in Wisconsin. CNMs who have a master's degree can qualify as a NP and be double credentialed. NPs share the same fee schedule as physicians.	https://www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20home/tabid/77/Default.aspx	Department of Health Services

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Wyoming	100%	Regulation	"Medicaid allowable payment [for CNMS] shall be the lower of the provider's usual and customary charge and the Medicaid fee schedule."	Wy. Rules and Regulations HLTH MDCD Ch. 26 s 32			Office of Healthcare Financing
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