



Connecticut Medical Assistance Program
Policy Transmittal 2012-19

PB 2012-51
October 2012

Roderick Bremby, Commissioner

Effective Date: April 1, 2012

Contact: Barbara Fletcher 860-424-5136

TO: Birth Centers, Nurse Midwives and Obstetrician/Gynecologists

RE: Requirements for Payment to Birth Centers

This policy transmittal issues the Department of Social Service's Requirements for Payment to Birth Centers. These regulations establish requirements for Medicaid payments to birth centers, which are required by federal law [42 USC 1396d(a)(28) and 1396d(l)(3)]. The regulations: (1) establish requirements for birth center provider participation, including licensure and accreditation; (2) ensure that the birth center performs only low-risk deliveries; (3) describe the birth center services to be covered; and (4) set payment methodologies for determining fee schedules and amounts

The regulations are posted on the www.ctdssmap.com Web site. Go to Publications>Provider Manuals>Chapter 7. Choose "Birth Center" from the drop down box.

The Department has established two revenue center codes to be used by birth centers:

- 724 (birthing center) for use when the labor and delivery are completed at the birth center
- 729 (other labor room/delivery) for use when a woman begins labor at the birth center but is transferred to a hospital for delivery or post delivery care

Rates are determined on a provider specific basis.

Billing instructions can be found on the www.ctdssmap.com Web site. Go to Publications > Provider Manuals > Chapter 8. Choose "Hospital" from the drop down box.

Posting Instructions: Provider bulletins can be downloaded from the CMAP Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Systems.

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Barbara Fletcher, at (860) 424-5136.

Date Issued: October 2012