UCLA Faculty Practice Group
Certified Nurse Midwife (CNM) Credentialing and Billing Process Flow

Credentialing (1)

IMPORTANT: CNM enrollment with governmental payors is requested by FPG dpt/dvs administration and submitted to payors by PBO Credentialing unit. All proper certificates and credentials are required to complete the enrollment process. All CNMs must be employed by the physician or physician group.

All CNMs must be properly credentialed per payor requirements.

1. **For Medicare**, the CNM must be:
   A. Legally authorized under State law or regulations to practice as a nurse-midwife and have completed a program of study and clinical experience for nurse-midwives, as specified by the State; or
   B. If the State does not specify a program of study and clinical experience that nurse-midwives must complete to practice in that State, the nurse-midwife must:
   (i) Be currently certified as a nurse-midwife by the American College of Nurse-Midwives; (ii) Have satisfactorily completed a formal education program (of at least one academic year) that, upon completion, qualifies the nurse to take the certification examination offered by the American College of Nurse-Midwives; or (iii) Have successfully completed a formal education program for preparing registered nurses to furnish gynecological and obstetrical care to women during pregnancy, delivery, and the postpartum period, and care to normal newborns, and have practiced as a nurse-midwife for a total of 12 months during any 18-month period from August 8, 1976, to July 16, 1982.

2. **For Medi-Cal:** license issued by California Board of Registered Nursing, Certification as a CNM, enrollment with DHCS.

3. **For private payors and UCLA HMO:** billing is done under the supervising MD's provider ID number.

Pre-Billing Edits (2)

RMS looks for Provider ID + FCC + CPT code + Division code + POS + Modifier

→ **Can CNM bill on his/her own?**
  - No → **Credentialing Related?**
    - Yes → Feedback to Department to obtain proper certificates
    - No → Edit routed back to the FPG Department to reconsider the billing provider ID (i.e. this payor does not recognize the CNM)
  - Yes ↓

Billing To Payors (3)

Other Private Payors and UCLA HMO

Bill with MD ID number. Regardless of POS. Pays 100% of payor MD rate

*PFS (Physician Fee Schedule)

Medi-Cal

OPTION A

Bill with MD ID number. Regardless of POS. Pays 100% of payor PFS* (use mod -SB)

OPTION B

Bill with CNM ID number. Regardless of POS. Pays 100% of payor PFS*

For example, a nurse-midwife requests that the physician examine the beneficiary, per their collaborative agreement, prior to the delivery. The nurse-midwife has provided the ante partum care and intends to perform the delivery and post partum care. The physician fee schedule amount for the physician's total obstetrical care (global fee) is $1,000. The physician fee schedule amount for the physician's office visit is $30. The following calculation shows the maximum allowance for the nurse-midwife's service:

PFS* for total OB care = $1,000
PFS* for E/M visit = $30
Result = $970
Fee for CNM (65% x $970) = $630.50

Medicare

OPTION A

Bill INCIDENT-TO. Only in outpatient clinic setting. Pays 100% of payor PFS

OPTION B

Bill with CNM ID number. Regardless of POS. Pays 65% of payor PFS (Medicare will deduct any E/M portion of the fee if the MD evaluated the patient per CNM request. See example)

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