

CHAPTER 1142. MIDWIVES' SERVICES

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Authority

The provisions of this Chapter 1142 issued under section 403(a) and (b) of the Public Welfare Code (62 P. S. § 403(a) and (b)), unless otherwise noted.

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Source

The provisions of this Chapter 1142 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647, unless otherwise noted.

Cross References

This chapter cited in 55 Pa. Code § 1101.95 (relating to conflicts between general and specific provisions); 55 Pa. Code § 1163.51 (relating to general payment policy); and 55 Pa. Code § 1163.63 (relating to billing requirements).

GENERAL PROVISIONS**§ 1142.1. Policy.**

The MA Program provides payment for specific medically necessary midwives' services rendered to eligible recipients by midwives enrolled as providers under the program. Payment for midwives' services is subject to this chapter, Chapter 1101 (relating to general provisions) and the limitations established in Chapter 1150 (relating to MA Program payment policies) and the MA Program fee schedule.

Source

The provisions of this § 1142.1 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (117368).

§ 1142.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Midwife—An individual licensed under the laws of this Commonwealth to practice midwifery within the scope of the act of April 4, 1929 (P. L. 160, No. 155) (63 P. S. §§ 171—176).

Midwife services—A care provided within the scope of a midwife's professional practice and licensure.

Source

The provisions of this § 1142.2 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

Cross References

This section cited in 55 Pa. Code § 1151.53 (relating to billing requirements).

SCOPE OF BENEFITS**§ 1142.21. Scope of benefits for the categorically needy.**

Categorically needy recipients are eligible for medically necessary midwife services compensable under the MA Program.

Source

The provisions of this § 1142.21 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

§ 1142.22. Scope of benefits for the medically needy.

Medically needy recipients are eligible for medically necessary midwife services compensable under the MA Program.

Source

The provisions of this § 1142.22 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

§ 1142.23. Scope of benefits for State Blind Pension recipients.

State Blind Pension recipients are not eligible for midwife services unless they are also either categorically or medically needy.

Source

The provisions of this § 1142.23 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

§ 1142.24. Scope of benefits for General Assistance recipients.

General Assistance recipients, age 21 to 65, whose MA benefits are funded solely by State funds, are eligible for medically necessary basic health care benefits as defined in Chapter 1101 (relating to general provisions). See § 1101.31(e) (relating to scope).

Source

The provisions of this § 1142.24 adopted December 11, 1992, effective January 1, 1993, 22 Pa.B. 5995.

PROVIDER PARTICIPATION**§ 1142.41. Participation requirements.**

Participation requirements are established in §§ 1101.41—1101.43 (relating to participation).

Source

The provisions of this § 1142.41 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

§ 1142.42. Ongoing responsibilities of providers.

Ongoing responsibilities of providers are established in Chapter 1101 (relating to general provisions).

Source

The provisions of this § 1142.42 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

PAYMENT FOR MIDWIVES' SERVICES**§ 1142.51. General payment policy.**

Payment is made for covered services provided by participating midwives subject to the conditions and limitations established in this chapter and Chapters 1101 and 1150 (relating to general provisions; and MA Program payment policies) and the MA payment fee schedule.

Source

The provisions of this § 1142.51 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (117370).

§ 1142.52. Payment conditions.

Payment will be made to a midwife for services furnished if:

- (1) The midwife does not have a financial arrangement to provide the services with a hospital, independent medical clinic, rural health clinic or physician.
- (2) The services billed to the Department are furnished by the midwife.

Source

The provisions of this § 1142.52 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

§ 1142.54. Limitations on payment.

Payment for a delivery includes the delivery and at least one outpatient postpartum visit. For an inpatient delivery, payment also includes inpatient care provided during the antepartum and postpartum period.

Source

The provisions of this § 1142.54 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

§ 1142.55. Noncompensable services.

Payment will not be made for:

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- (1) Procedures not listed in the fee schedule in the MA Program fee schedule.
- (2) More than 12 midwife visits per recipient per 365 days (this includes prenatal and postpartum visits). One postpartum visit is included in the delivery fee and is not considered when computing the maximum of 12 visits.
- (3) Services and procedures furnished by the midwife for which payment is made to an enrolled physician, rural health clinic, hospital or independent medical clinic.
- (4) Services and procedures for which payment is available through other public agencies or private insurance plans as described in § 1101.64 (relating to third party medical resources (TPR)).

Source

The provisions of this § 1142.55 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial pages (117370) to (117371).

UTILIZATION CONTROL

§ 1142.71. Scope of claims review procedures.

Claims submitted for payment under the MA Program are subject to the utilization review procedures established in Chapter 1101 (relating to general provisions).

Source

The provisions of this § 1142.71 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

ADMINISTRATIVE SANCTIONS

§ 1142.81. Provider misutilization.

Providers determined to have billed for services inconsistent with MA Program regulations, to have provided services outside the scope of customary standards of medical practice, or to have otherwise violated the standards set forth in the provider agreement, are subject to the sanctions described in Chapter 1101 (relating to general provisions).

Source

The provisions of this § 1142.81 adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647.

APPENDIX A. [Reserved]**Source**

The provisions of this Appendix A adopted October 8, 1982, effective October 9, 1982, 12 Pa.B. 3647; reserved December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932. Immediately preceding text appears at serial page (75084).

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