A maternity epidural is a covered procedure under Mississippi Medicaid for all pregnant Medicaid beneficiaries. All pregnant Medicaid beneficiaries must have access to this anesthesia service. Mississippi Medicaid considers maternity epidurals as a medically necessary service for treatment of labor pain. **A maternity epidural is not considered an elective procedure.**

## Physician Responsibilities

A physician who is participating in the Mississippi Medicaid program must take all reasonable measures to ensure that maternity patients are instructed and offered an epidural as an available and covered service under Mississippi Medicaid as part of the patient's prenatal counseling. The patient's options for pain relief medication during childbirth must be explained to her. If she requests an epidural, she should be instructed that this is a covered service under the Mississippi Medicaid program. Beneficiary problems with access to epidurals should be reported to the Program Integrity Unit hotline number at 1-800-880-5920 or 601-987-3962.

## Anesthesiologist and CRNA Responsibilities

Anesthesiologists/CRNAs may not refuse to provide a maternity epidural to a Medicaid beneficiary except when medically contraindicated. An anesthesiologist/CRNA who is participating in the Mississippi Medicaid program must make available and offer maternity epidural services to pregnant Medicaid beneficiaries and cannot require a pregnant Medicaid beneficiary to pay for an epidural. He/She must accept the Medicaid payment as payment in full and cannot require a co-payment for his/her services. Under federal Medicaid law, deductions, cost sharing, or similar charges are not permitted for Medicaid services furnished to pregnant women. Thus, a participating provider's demand for these additional payments would be in violation of the law.

The decision to have an epidural is to be decided between the beneficiary and her anesthesiologist/CRNA in consultation with the obstetrician. No means of coercion, dissuasion, or refusal by an anesthesiologist/CRNA to provide an epidural to a beneficiary in labor shall be utilized in determining this decision.

## Hospital Responsibilities

A hospital that accepts a pregnant Medicaid beneficiary for treatment accepts the responsibility for making sure that the beneficiary has access to an epidural. If an anesthesiologist does not accept a Medicaid patient for treatment, the hospital has the responsibility of assuring the delivery of this service. A pregnant beneficiary is entitled to receive the service from a provider who has accepted her as a patient without the imposition of deductibles, cost sharing, or similar charges.

The conditions of participation that govern hospitals providing care to Medicaid beneficiaries require that the governing body of the hospital assures accountability of the medical staff for the quality of care provided to patients. There must be an effective hospital-wide quality assurance program to evaluate the provision of patient care, and all organized services related to patient care, including services furnished by a contractor must be evaluated, and where deficiencies are identified, remedial action must be taken (42 CFR 482.12, 21 & 22).

**As referenced in Section ~~4.01,~~ 4.02 Conditions of Participation, of this manual: "The provider must agree to accept as payment in full the amount paid by the Medicaid program for all services covered under the Medicaid program within the beneficiary's service limits with the exception of authorized deductibles, co-insurance, and co-payments. All services covered under the Medicaid program will be made available to the beneficiary. Beneficiaries will not be required to make deposits or payments on charges for services covered by Medicaid. A provider cannot pick and choose procedures for which the provider will accept Medicaid. At no time shall the provider be authorized to split services and require the beneficiary to pay for one type of service and Medicaid to pay for another. All services provided to Medicaid beneficiaries will be billed to Medicaid only where Medicaid covers said service, unless some other resources, other than the beneficiary or the beneficiary's family, will pay for the service."**