

Free Standing Birth Center

Policy Number: SC14P000&A6

Effective Date: October 12, 2014

Last Update: July 6, 2020

PAYMENT POLICY HISTORY

Date	Summary of Change
July 6, 2020	Annual review completed. The Free Standing Birth Center policy was moved to an updated UCare template. No other changes were made to the policy.
May 15, 2019	Annual review completed. Corrections to the CPT codes for prolonged services were made to the CPT / HCPCS section of this Policy. CPT code 99355 was inadvertently excluded from the list of eligible services.
August 23, 2018	Annual review completed. Information regarding UCare fee schedule updates added to the Payment and Billing section of this policy.
October 2014	Free Standing Birthing Centers Policy published by UCare.

APPLICABLE PRODUCTS

This policy applies to the following UCare products:

- UCare MinnesotaCare
- UCare Prepaid Medical Assistance (PMAP)

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PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline, and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

UCare provides coverage and payment for Free-Standing Birth Centers. This policy outlined the billing and payment guidelines for these services.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Birth Center	Means a facility licensed for the primary purpose of performing low-risk deliveries that is not hospital or licensed as part of a hospital and where births are planned to occur away from the mother’s usual residence following a low-risk-pregnancy.
Low Risk Pregnancy	Means a normal, uncomplicated prenatal course as determined by documentation of adequate prenatal care and the anticipation of a normal, uncomplicated labor and birth, as defined by reasonable and generally accepted criteria adopted by professional groups for maternal, fetal, and neonatal health care.
Certified Nurse Midwife	A Certified Nurse-Midwife ("CNM") is an advanced practice registered nurse who has specialized education and training in both nursing and midwifery. Certified Nurse-Midwives in most states are required to possess a minimum of a graduate degree such as the Master of Science in Nursing or Post-Master's Certificate. By 2010, all Certified Nurse Midwives will be required to hold a graduate (Masters) degree. Most

TERM	NARRATIVE DESCRIPTION
	recently, the first Doctor of Nursing Practice (DNP) program has become available for Certified Nurse-Midwives and will graduate its first class in May 2010. Additionally, Certified Nurse Midwives must also hold an active <u>Registered Nurse</u> license in the state in which they practice.
Traditional Midwife	Traditional midwifery services means the assessment and care of a woman and newborn during pregnancy, labor, birth, and the postpartum period outside the hospital. As traditional midwife. A traditional nurse midwife will have a university, college or other education program leading to eligibility for certification in midwifery that is approved by the Midwifery Education and Accreditation Council (MEAC) or its successor, or a national accrediting organization recommended by the advisory council and approved by the board of medical practice.

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

The patient must be actively enrolled in an UCare PMAP or MinnesotaCare product.

ELIGIBLE PROVIDERS OR FACILITIES

OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

Provider

UCare reimburses free-standing birth center services when performed by the following eligible providers:

- Physician
- Certified nurse midwives (CNM) licensed by the Minnesota Board of Nurses
- Certified traditional midwives (CPM) licensed by the Minnesota Board of Medical Practice

Facility

A licensed free-standing birth center may only render care or services permitted within the scope of the issued license or accreditation. The Minnesota Department of Health (MDH) issues licenses for free-standing birth centers. All free-standing birth centers must be accredited by the Commission for the Accreditation of Birth Centers (CABC).

Other and/or Additional Information

Not applicable.

EXCLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

Modifiers

There are no required modifiers associated with free-standing birth center services.

Revenue Codes

Outlined below are the revenue codes and HCPCS combination that should be used when billing for birthing center services:

REVENUE CODE(S) and	NARRATIVE DESCRIPTION
0724/59400	Birthing Center Revenue Code
0724/S4005	Interim Labor Facility global – labor occurring but not resulting in delivery. Use this HCPCS code to indicate transfer to a hospital setting.

CPT and/or HCPCS Code(s)

The CPT and HCPCS codes listed below are those that are routinely used when billing professional and free standing birth center services. When less than the entire OB-global package is performed, bill the appropriate code to identify the services performed.

CPT AND/OR HCPCS CODE(S)	NARRATIVE DESCRIPTION
59400	Routine obstetric care including antepartum care, vaginal delivery (w/ or w/o episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59425	Antepartum care; 4 – 6 visits
59426	Antepartum care; 7 or more visits
59430	Postpartum care only
99354	Prolonged Service...direct patient contact beyond the usual service, first hour

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PAYMENT INFORMATION

Service Limitations

The following limitations apply to the services performed at a free-standing birth center:

- Surgical procedures must be limited to those normally provided during an uncomplicated birth, including episiotomy and repair.
- No general or regional anesthesia may be administered. Local anesthesia may be administered when performed within the scope of practice of the health care provider.
- **Nursery charges are not separately reimbursed.**

Non-Covered Services

- The following services are not covered by UCare:
- Abortion services
- Services provided by a an unlicensed traditional midwife
- Home births, including:
 - Travel time
 - A facility charge for professional services

Covered Services

Outlined below is a list of professional and facility services that are covered when provided in a free-standing birth center:

- Antepartum visits
- Eligible routine antepartum lab services
- Ultrasounds
- Labor and Delivery
- First postpartum visit
- Newborn care services

Payment – Professional

- Professional services provided in a free-standing birthing center are paid at the lower of billed charges or 100% of the rate paid to a physician performing the same services.
- If the patient is transferred to the hospital before delivery, eligible professionals may bill an Evaluation and Management (E &M) service and appropriate prolonged services (CPT Codes 99354 – 99355). CPT code 99355 is billable only once per Enrollee transfer and MHCP will allow a maximum of six (6) units (three (3) hours maximum).

Fee Schedule Updates

Information regarding the UCare fee schedules and updates can be found in the [UCare Provider Manual](#), Section 10-20, and Fee Schedule Updates.

Facility Services

Covered facilities services include:

- A single global payment for an uncomplicated delivery for routine obstetric care that includes:
 - Antepartum care;
 - Delivery services;
 - Postpartum care;
 - Ancillary services and items relating to delivery or labor; and
 - Patient transfer to a hospital prior to delivery, when appropriate.

Facility Payment

- 70% of the statewide average hospital payment for an uncomplicated vaginal birth.
- If the Enrollee is transferred to a hospital before the delivery, facility services are paid at the lower of billed charges or 15% of the statewide average for hospital payment for an uncomplicated vaginal birth.
- Nursery charges **are not** separately reimbursed.

Additional Services

Ultrasounds for Zika Virus

UCare covers ultrasounds for the Zika virus if a positive diagnosis is determined from a blood test.

MDH Newborn Screening for Metabolic Disorder

UCare includes the payment for the newborn screening card in the DRG or facility service when provided in the inpatient hospital or birthing center. Do not bill separately.

Effective for dates of service on or after January 1, 2013, UCare will cover the cost of the MDH newborn screening for metabolic disorder card when the screening **cannot** be completed at the inpatient hospital or birthing center setting with HCPCS code S3620. If MDH requests a repeat newborn screening card, bill with S3620 and modifier 76 or 77.

BILLING REQUIREMENTS AND DIRECTIONS

General Information

When the mother is enrolled in a health plan at the time of birth, the newborn will be retroactively enrolled in the same health plan for the birth month, unless the newborn meets specific exclusion criteria.

Professional Services

- Eligible professional services should be submitted using the electronic 837-P format or the electronic equivalent;
- Report the appropriate CPT/ HCPCS codes for services provided. Refer to the UCare's Maternity Care Policy for billing and payment guidelines. You may bill the global CPT 59400 or the components of care (antepartum, delivery, postpartum care), but you cannot bill both.
- If less than the entire global OB package is performed, refer to UCare's OB Policy for payment and billing guidelines.
- Report services using place of service 25 (Birthing Center)
- If a patient is transferred to the hospital before delivery, professionals may bill an Evaluation and Management service and appropriate prolonged care codes (CPT codes 99354, 99355). Only one 99355 may be billed per patient transfer, and a maximum of three hours (6 units) are billable.
- When a patient is transferred append HCPCS code S4005 to revenue code 0724

Facility Services

- Type of bill is 084X (0840 – 0848 Birthing Center)
- Submit revenue code 0724 (Birthing Center) with CPT code 59400 when billing global delivery facility charges.
- Submit revenue Code 0724 (Birthing Center) with HCPCS code S4005 (Interim labor facility global - labor occurring but not resulting in delivery) when labor does not result in delivery (i.e., the patient is transferred to the hospital prior to delivery).

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION**Prior Authorization and Notification Requirements**

UCare does update its' authorization, notification and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

RELATED PAYMENT POLICY INFORMATION

OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE

SOURCE DOCUMENTS AND REGULATORY REFENCES

LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY

[MHCP Provider Manual, Reproductive Health / OB-Gyn, Free Standing Birth Centers](#)

[Minnesota Statutes 256B.0625, subd 54](#) (Services provided in Birth Centers)

[Minnesota Statutes 147D](#) (Traditional Midwives)

[Minnesota Statutes 144.615](#) (Birth Centers)

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. In particular, when submitting claims, all providers must first identify member eligibility, federal and state legislation or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”

