FREE STANDING BIRTH CENTERS - MHCP

Policy Number: SC14P0007A3  Effective Date: October 13, 2014
Last Reviewed: January 1, 2016

Table of Contents

POLICY UPDATES.................................................................1
PAYMENT POLICY OVERVIEW ..............................................4
PATIENT ELIGIBILITY CRITERIA ............................................4
DEFINITIONS........................................................................4
POLICY AND BILLING INFORMATION .......................................5
PRIOR AUTHORIZATION OR THRESHOLD LIMITS .......................7
RELATED PAYMENT POLICY DOCUMENTATION .......................7
REFERENCES AND SOURCE DOCUMENTS .................................7

“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."

*CPT® is a registered trademark of the American Medical Association
PAYMENT POLICY OVERVIEW

PRODUCT SUMMARY
This Policy applies to all State Public Programs.

PROVIDER SUMMARY
This Policy applies to professional claims and facility claims associated with services performed by a free-standing birth center.

POLICY STATEMENT
UCare’s Policy outlines eligible services, providers and billing and payment guidelines for free-standing birthing centers.

PATIENT ELIGIBILITY CRITERIA
The individual must be enrolled in an UCare State Public Programs product.

DEFINITIONS

<table>
<thead>
<tr>
<th>TERM</th>
<th>NARRATIVE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Center</td>
<td>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.</td>
</tr>
<tr>
<td>Low Risk Pregnancy</td>
<td>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.</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>A Certified Nurse-Midwife (&quot;CNM&quot;) 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 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 Registered Nurse license in the state in which they practice.</td>
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</tbody>
</table>
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.

POLICY AND BILLING INFORMATION

APPLICABLE CODES

The CPT and HCPCS codes listed below are those that are to be used for routinely used when billing professional and facility birth center services. For professional services where less than the entire OB-global package is performed the provider may bill the appropriate code to identify the services performed. Refer to UCare’s Global Maternity Care and Enhanced Services Policy for additional information.

<table>
<thead>
<tr>
<th>CPT® or HCPCS REVENUE CODE</th>
<th>NARRATIVE DESCRIPTION</th>
<th>REQUIRED MODIFIERS OR OTHER GENERAL INFORMATION</th>
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<tbody>
<tr>
<td>PROFESSIONAL SERVICES</td>
<td></td>
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</tr>
<tr>
<td>59400</td>
<td>Routine obstetric care including antepartum care, vaginal delivery (w/ or w/o episiotomy, and/or forceps) and postpartum care</td>
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</tr>
<tr>
<td>99354</td>
<td>Prolonged Service...direct patient contact beyond the usual service, first hour</td>
<td></td>
</tr>
<tr>
<td>99355</td>
<td>Prolonged service...each additional 30 minutes</td>
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</tr>
<tr>
<td>FACILITY SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0724</td>
<td>Birthing Center Revenue Code</td>
<td></td>
</tr>
<tr>
<td>S4005</td>
<td>Interim Labor Facility global – labor occurring but not resulting in delivery</td>
<td></td>
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</tbody>
</table>

COVERED SERVICES

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

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

If an individual is transferred to the hospital before delivery, eligible professional providers should bill an Evaluation and Management (E&M) service and the appropriate prolonged services CPT® codes (99354 – 99355) CPT code 99355 is billable only once per Enrollee transfer and UCare will allow a maximum of six (6) units (a three (3) hour maximum).

Facility Services

A single global payment that includes:

- Antepartum care
- Uncomplicated Delivery
- Postpartum care
- Ancillary services and/or items relating to delivery or labor
- MDH Newborn Metabolic Disorder Screening
- Recipient transfer to a hospital before delivery

MDH Newborn Screening for Metabolic Disorder

UCare includes the payment for the newborn screening card in the DRG or other 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, as appropriate

Scope of Service

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 an unlicensed traditional midwife
• Home births, including:
  o Travel time
  o A facility charge for professional services
• Nursery charges

PRIOR AUTHORIZATION OR THRESHOLD LIMITS

Not Applicable

RELATED PAYMENT POLICY DOCUMENTATION

REFERENCES TO OTHER PAYMENT POLICY DOCUMENTATION THAT MAY BE RELEVANT TO THIS POLICY.

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY DESCRIPTION AND LINK</th>
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<tbody>
<tr>
<td>SC14P0022A4</td>
<td>Global Maternity and Enhanced Services Policy</td>
</tr>
</tbody>
</table>

REFERENCES AND SOURCE DOCUMENTS

LINKS TO CMS, MHP, MINNESOTA STATUTE AND OTHER RELEVANT DOCUMENTS USED TO CREATE THIS POLICY.

MHCP Manual

Minnesota Statute – Birthing Centers 256B.0625, subd 54
https://www.revisor.mn.gov/statutes/?id=256B.0625&format=pdf

Minnesota Statute 144.615 (Birth Centers)
https://www.revisor.mn.gov/statutes/?id=144.615&format=pdf
<table>
<thead>
<tr>
<th>AUC decisions related to place of service and nursery services</th>
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<tr>
<td><a href="http://www.health.state.mn.us/auc/mtgdocs14/medcode050814min.pdf">http://www.health.state.mn.us/auc/mtgdocs14/medcode050814min.pdf</a></td>
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