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| <b>Coding Policy<br/>Policy and Procedure</b>           |  |                        |
| SUBJECT:<br>Coding Policy 84.0 Birthing Center Services | DEPARTMENT:<br><b>Health Care Services</b>   |                        |
| ORIGINAL EFFECTIVE DATE:<br><b>03/91</b>                | DATE(S) REVIEWED/REVISED:<br>06/07/10, 01/01/11, 01/12, 01/13, 09/13, 01/14,<br>01/15, 03/15, 01/16, 01/17, 01/18, 01/19, 01/20,<br>01/21, 01/22 |                        |
| APPROVED BY:<br>Coding Policy Review Committee          | NUMBER:<br><b>MC 84.0</b>  | PAGE:<br><b>1 of 2</b> |

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

All Lines of Business

Both Network and Non-Network Providers (unless stated otherwise in provider’s contract)

**POLICY:**

Company will reimburse services provided at a birthing center on a global basis. A birthing center is a freestanding or institution-affiliated outpatient maternity care program which principally provides a planned course of outpatient prenatal care and outpatient childbirth service limited to low-risk pregnancies; excludes care for high-risk pregnancies; limits childbirth to the use of natural childbirth procedures; and provides immediate newborn care. Birthing centers must be licensed by the State of Oregon Health Division.

**PROCEDURE:**

Unless stated otherwise in the provider’s contract, payment will be made at an all-inclusive (global) rate for all maternity care and childbirth services furnished by an authorized birthing center. The all-inclusive rate shall include the following for both the mother and the newborn(s) to the extent that they are usually associated with a normal pregnancy and childbirth:

- Nursing services, services of technical personnel, and other related;
- Any support services provided by personnel employed by the birthing center facility;
- The client’s use of the birthing center facilities including the operating room and recovery room;
- Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment related to the provision of the procedure(s);
- Diagnostic or therapeutic items and services related to the procedure;
- Administrative, record-keeping, and housekeeping items and services;
- Blood, blood plasma, platelets, other laboratory studies;
- Materials for anesthesia;
- Prenatal management;
- Labor management;
- Delivery;
- Postpartum management.

The following services are not included in the global rate and may be billed separately when provided:

- Initial complete newborn examination by a pediatrician;

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- Practitioner services such as those performed by physicians, licensed physician assistants, nurse practitioners, certified registered nurse anesthetists, dentists, podiatrists and Licensed Direct Entry Midwives (for birthing centers only);
- The sale, lease, or rental of durable medical equipment to birthing center clients for use in their homes;
- Prosthetic and orthotic devices;
- Ambulance services;
- Leg, arm, back and neck brace, or other orthopedic appliances;
- Artificial legs, arms, and eyes;
- Services furnished by a certified independent laboratory.

Birthing centers will not be reimbursed for services that are normally provided in a physician's office.

A student midwife may act as a scribe for a midwife. A scribe is a person who takes notes for the provider of service. The notes are dictated by the provider of service. The scribe needs to fully sign the note, including his or her credentials. The scribe's signature must be followed by the midwife's signature and credentials. **Company will not pay for any services performed by a student midwife.**

**BILLING:**

- Unless stated otherwise in the provider's contract, claims from birthing centers will be processed as outpatient hospital claims using the following CPT codes. Use revenue code 724 if billed on a UB-04 or place of service "25" if billed on a CMS-1500.
  - Single vaginal delivery: Bill CPT code 59409 once for "Birthing Center, all-inclusive rate, complete." Bill this code only once, regardless of the total days that the client was in the facility for labor management, delivery and immediate postpartum care. Includes charges for the baby.
- Both the technical and professional components of usual tests are included in the all-inclusive rate.
- When labor is managed in the Birthing Center but a delivery does not result, bill services with CPT code 59899 and attach a report documenting the circumstances.

**REFERENCE:**

DHS Oregon Department of Human Services: Medical Surgical Services Rulebook  
Providence Health Plan Medical Directors