

CHAPTER 10
SECTION 1.3

BIRTHING CENTERS

Issue Date: February 14, 1984

Authority: [32 CFR 199.6\(b\)\(4\)\(xi\)\(A\)\(3\)](#)

I. DESCRIPTION

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.

II. POLICY

A. A freestanding or institution-affiliated birthing center may be considered for status as an authorized institutional provider of services and supplies.

B. Reimbursement for all-inclusive maternity care and childbirth services furnished by an authorized birthing center shall be limited to the lower of the established all-inclusive rate or the center's most-favored all-inclusive rate.

C. Claims for professional services and tests where the beneficiary has been screened but rejected for admission into the program, or where the woman has been admitted but is discharged from the birthing center program prior to delivery, should be priced as individual services and items, subject to current policies for obstetrical care professional services and reported as code 99591. See: [paragraph III.D.](#)

D. Extraordinary maternity care services (services in excess of the quantity or type usually associated with all-inclusive maternity care and childbirth service for a normal pregnancy) may be cost-shared as a part of the birthing center maternity episode and paid as the lesser of the billed charge or the allowable charge when the service is determined to be otherwise authorized and medically necessary and appropriate by contractor Level III review.

III. POLICY CONSIDERATIONS

A. General.

1. The use of the term "birthing center" by an institutional or individual professional provider is not sufficient in itself to establish birthing center provider status.

2. Claims for services and supplies (otherwise authorized) which are provided by an authorized institutional or individual professional provider may not be denied or approved solely on the basis that charges are associated with a program termed a "birthing center".

B. Elements of the all-inclusive rate.

1. The birthcenter all-inclusive rate includes the following services and supplies as usually associated with maternity care for a normal pregnancy and childbirth:

a. Usual professional personnel include:

- (1) Attending professional (physician or certified nurse-midwife)
- (2) Birth assistant
- (3) Physician for routine consultation (when certified nurse-midwife is the attending professional).

b. Usual professional services include:

- (1) For screening:
 - (a) Comprehensive health history
 - (b) Comprehensive physical examination
 - (c) Written assessment of maternity risk
- (2) For prenatal management:
 - (a) Office visit every 4 weeks for the first 28 weeks (7 visits)
 - (b) Office visit every 2 to 3 weeks until 36 weeks of gestation
 - (c) Office visit weekly from the 37th week through delivery
 - (d) Health and childbirth education
 - (e) Labor management and delivery
 - (f) Immediate newborn care
 - (g) Postpartum management visits at 4 and 8 weeks

c. Usual laboratory tests includes:

- (1) For comprehensive physical examination:
 - (a) Hemoglobin or hematocrit measurement

-
- (b) Urinalysis
 - (c) Blood group and Rh type determination
 - (d) Antibody screen
 - (e) Rubella antibody titer measurement
 - (f) Syphilis screen
 - (g) Gonorrhea screen
 - (h) Cervical cytology
 - (i) Effective March 7, 1990, Serum alpha-fetoprotein
 - (j) Effective March 1, 1992, Hepatitis B surface antigen (HBsAg)
 - (k) Effective July 7, 1995, Human immunodeficiency virus (HIV)
- (2) For usual prenatal management:
- (a) Urinalysis for protein and sugar at each office visit
 - (b) Repeat hemoglobin or hematocrit measurement (in early third trimester)
- d. Other automated laboratory tests if medically necessary.
- e. Usual environmental support includes the use of the birthing center facility.
2. The initial complete newborn examination by a pediatrician is not included in the Birthing Center all-inclusive fee and is to be cost-shared as a part of the maternity episode when performed within 72 hours of the delivery.
- C. Calculation of the maximum allowable birthing center all-inclusive rate.
1. The maximum allowable all-inclusive rate is equal to the sum of the Class 3 CHAMPUS Maximum Allowable Charge (CMAC) for total obstetrical care for a normal pregnancy and delivery (CPT 59400) plus the TRICARE Management Activity supplied non professional price component amount. TRICARE Management Activity will supply each contractor with non professional price components for each state annually (August) to be effective for the forthcoming fiscal year.
 2. The maximum allowable all-inclusive rate shall be updated with each CMAC professional charge database update.

D. Claims processing.

1. The cost-share amount for birthing center claims is calculated using the ambulatory surgery cost-share formula.
2. All claims from birthing centers will be processed as professional claims using the following procedure codes:

99590 Birthing Center, all-inclusive charge, complete

99591 Birthing Center, all-inclusive charge, partial (the partial charge code is used when the admitted woman was discharged prior to delivery.)

3. Both the technical and professional components of usual tests are included in the all-inclusive rate.

E. Excluded services when billed separately.

99071 Educational supplies

99078 Prenatal education services

F. Related Issuances.

1. [Chapter 13, Section 3.8](#), Professional Services: Obstetrical Care.
2. [Chapter 13, Section 11.4](#), Cost-Shares And Deductibles: Maternity.
3. [Chapter 11, Section 11.2](#), Birthing Center Certification Process.

- END -