



# *Birthing Centers*

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## I. GENERAL GUIDELINES

- A. Centers will not charge the member for services prior to being provided except for deductible and coinsurance or non-covered services.
- Up front collection of these amounts is the provider's decision. BCBSKS does not have a policy that requires providers to collect up front.
  - If the member has already satisfied part of their deductible, coinsurance or share payment, providers can only bill up front for the balance.
  - Member responsibility must be calculated based on the BCBSKS MAP or allowance and not on the total charge.
  - If the up front collection results in an overpayment that is due the patient, a refund must be made to them timely.
- B. Centers will not bill the member for services that are medically unnecessary or experimental/investigational unless the member was notified prior to the services being provided. Refer to section titled PRIOR AUTHORIZATION/PRE-CERTIFICATION OF ADMISSIONS/SERVICES for complete details about the Notice of Personal Financial Obligation.
- C. Initial claims should be submitted within 15 months from the date of service. Some groups (e.g. State of Kansas, BlueCard, FEP, etc.) may impose alternate timely filing and claim assessment requirements. Failure to meet those requirements will result in claim denial.
- Corrected claims or adjustment requests must also be filed within 15 months of the date of service or discharge. Some groups (e.g. State of Kansas, BlueCard, FEP, etc.) may impose alternate timely filing and claim assessment requirements. Failure to meet those requirements will result in claim denial.
- D. Centers will register rates with BCBSKS at least annually or at the time the rates change.
- E. Centers will be reimbursed an all-inclusive rate. Separate rates have been established for when delivery occurs and for when delivery does not occur.

- F. When additional information or clarification about a claim is requested before the claim can be processed, the provider will submit the requested information within 15 months of the date of service or discharge. Complete medical record information will be provided in a format that be utilized by BCBSKS.

The member's contract allows BCBSKS to request and receive medical record information without the need for additional authorization.

## II. PRIOR AUTHORIZATION

Prior Authorization of birthing center services is typically not required unless a specific employee group requires it.

## III. BILLING

Birthing centers will submit claims using the UB-04/837I billing format.

### TYPE OF BILL

131 – Admit through discharge claim

	<u>REVENUE CODE</u>	<u>HCPCS/CPT</u>	<u>UNITS</u>	<u>ICD-9 PCS</u>
If delivery occurs	0724	59400 or 59410	1	Not Required
If delivery does not occur	0552	99201	1	Not Required