



## Medica Central Coverage Policy

**Policy Name:** Birth Centers (Free-Standing) MP9666

**Effective Date:** 08/01/2024

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

**Note:** This policy is no longer scheduled for routine review of the scientific literature.

Antepartum visits, uncomplicated vaginal births, nursery care services, and the first post-partum visit **ARE COVERED** at a freestanding birth center when ALL of the following criteria are met:

1. Assessment and documentation of low-risk pregnancy
2. The facility meets applicable licensing or certification requirements
3. Services are provided by a certified nurse midwife (CNM), certified traditional or professional midwife (CPM), or physician, who is licensed in the state in which the birth center is located
4. The services provided would otherwise be covered if provided in a clinic or hospital.

The following services at a free-standing birth center are **NOT COVERED**:

1. Birth center services that do not meet all of the above criteria
2. Home births
3. Surgical procedures beyond those normally accomplished during an uncomplicated birth.
4. General or regional anesthesia (local anesthesia may be administered at a free-standing birth center if the administration of the anesthetic is performed within the scope of practice of the health care professional)
5. Abortions



## Medica Central Coverage Policy

### Description

A free-standing birth center is a facility licensed, certified, or otherwise qualified under state law for the primary purpose of performing low-risk deliveries away from the mother's usual residence following a low-risk pregnancy. The birth center is not a hospital or licensed as part of a hospital. Free standing birth centers in the State of Minnesota must be licensed by the Minnesota Department of Health.

A low-risk pregnancy is a normal, uncomplicated prenatal course as determined by documentation of adequate prenatal care and the anticipation of a normal uncomplicated labor and delivery, as defined by reasonable and generally accepted criteria adopted by professional groups for maternal, fetal, and neonatal health care.

The services at a free-standing birth center must be provided by a certified nurse-midwife (CNM), a certified traditional or professional midwife (CPM), or a physician. A CNM is an individual educated in the two disciplines of nursing and midwifery, who is licensed and possesses evidence of certification according to the requirements of the American College of Midwives. A certified traditional midwife or CPM is a professional independent midwifery practitioner who is licensed and has met the standards for certification set by the North American Registry of Midwives (NARM). For Minnesota these practitioners must also meet the licensing requirements of the Minnesota Board of Medical Practice.

### FDA Approval

FDA approval is not applicable.

### Prior Authorization

Prior authorization is not required. Services may be reviewed retrospectively to determine if criteria for low-risk pregnancy are being met. Retrospective denial may result if criteria are not met.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). A normal uncomplicated pregnancy and delivery will be reimbursed at a global or all inclusive payment level. This payment includes pre-delivery office visits, delivery, nursery services, and the first post-delivery visit. There is no reimbursement for travel or facility charge if the visit is a home visit.

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