

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201206

FEBRUARY 14, 2012



The IHCP to allow birthing centers to enroll as Medicaid providers

As announced in the November 29, 2011, bulletin, [BT201158](#), effective January 1, 2012, the Indiana Health Coverage Programs (IHCP) expanded provider enrollment to allow birthing centers to enroll as Medicaid providers. This expansion makes the IHCP compliant with Section 2301 of the *Affordable Care Act* (amended section 1905(a) of the *Social Security Act*), which provides coverage for freestanding birthing center services, as defined in section 1905 (3)(A) of the *Social Security Act*.

Birthing centers

Per *410 IAC 27-1-3A*, a birthing center is a freestanding entity, place, facility, or institution where a woman is scheduled to give birth following a normal, uncomplicated (low-risk) pregnancy. This term does not include a hospital under *IC 16-21-2*, an ambulatory surgical center, or the residence of the woman giving birth.

Birthing centers must be licensed by the Indiana State Department of Health (ISDH) before enrolling in the IHCP. Birthing centers are assigned to the limited risk category and are not required to pay an application fee during enrollment or revalidation (see the [Risk Category and Application Fee Matrix for Non-Waiver Providers](#) on indianamedicaid.com). Providers should refer to the [Provider Type and Specialty Matrix](#) on indianamedicaid.com for other enrollment criteria.

Birthing centers may enroll in the following IHCP programs:

- Traditional Medicaid
- Assistance to Residents in County Homes (ARCH)

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- 590 Program
- Hoosier Healthwise
- *Care Select*

The IHCP created Provider Type 08 – *Clinic* and provider specialty code 088 – *Birthing center* to identify freestanding birthing centers.

Facility billing

Facility charges should be billed on a UB-04 Institutional claim form, or the *Health Insurance Portability and Accountability Act* (HIPAA) 837I transaction. Birthing center claims must report taxonomy code 261QB0400X (birthing) in field locator 81CCa of the UB-04 claim form or its electronic equivalent. Outpatient, outpatient crossover, and outpatient encounter claims are applicable claim types.

Birthing centers report all services inclusive, using revenue code 724 – *Birthing center*. This applies to vaginal deliveries ONLY. When labor occurs but does not result in delivery, providers should bill revenue code 724, along with Healthcare Common Procedure Coding System (HCPCS) code S4005. Reimbursement rates for both situations will be published on approval by the Centers for Medicare & Medicaid Services (CMS).

Billing for professional services

Billing for professional services remains unchanged. Professional services rendered at birthing centers are billed on a CMS-1500 Professional claim form or the HIPAA 837P transaction. Services rendered by the following rendering provider types and specialty are payable when performed at birthing centers:

- Rendering Provider Type 09 – Advanced practice nurse with rendering provider specialty 095 – Certified nurse midwife
- Rendering Provider Type 31 – Physician

Birthing center services are to be billed with place-of-service code 25 – *Birthing center*.

Edits and audits for birthing center claims

Edit/Audit	Explanation of Benefits (EOB) description	Clarification
6345	Maternity delivery limited to one per nine months	If a member delivers more than once in a nine-month period, a written explanation along with medical documentation must be submitted for review to HP Written Correspondence, P. O. Box 7263, Indianapolis, IN 46207-7263.
520	Invalid revenue code/procedure code combination	HCPCS code S4005 is the only procedure that may be billed with revenue code 724.
523	Billing provider's specialty is not approved to bill this revenue code	Provider specialty 088 is the only specialty allowed to bill revenue code 724.

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QUESTIONS?

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