

Alternative Birthing Centers

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This section lists the codes reimbursable to Alternative Birthing Centers. Alternative Birthing Centers are specialty clinics authorized to bill Medi-Cal for Comprehensive Perinatal Services Program (CPSP), obstetrical and delivery services. Providers should refer to the appropriate section of the provider manual for any policy restrictions, such as frequency or diagnosis restrictions.

CPT® Codes

The following CPT codes have been approved for use by Alternative Birthing Centers:

«Table of Approved CPT Codes for Alternative Birthing Centers»

| CPT Code | Description |
|-----------------|--|
| 59000 | Amniocentesis; diagnostic |
| 59001 | Therapeutic amniotic fluid reduction (includes ultrasound guidance) |
| 59012 | Cordocentesis |
| 59020 | Fetal contraction stress test |
| 59025 | Fetal non-stress test |
| 59812 | Treatment of incomplete abortion, completed surgically |
| 59820 | Treatment for missed abortion, first trimester |
| 59830 | Treatment of septic abortion, completed surgically |
| 76801 | Transabdominal ultrasound, pregnant uterus, first trimester; single or first gestation |
| 76802 | Each additional gestation |
| 76805 | Transabdominal ultrasound, pregnant uterus, after first trimester, single or first gestation |
| 76810 | each additional gestation |
| 76811 | Transabdominal ultrasound, pregnant uterus, fetal and maternal evaluation, single or first gestation |
| 76812 | each additional gestation |
| 76813 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation |
| 76814 | each additional gestation |
| 76815 | Ultrasound, pregnant uterus, real time with image documentation, limited, 1 or more fetuses |
| 76816 | Transabdominal ultrasound, pregnant uterus, follow-up, per fetus |

Table of Approved CPT Codes for Alternative Birthing Centers (continued)

| CPT Code | Description |
|-----------------|---|
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal |
| 76825 | Echocardiography, fetal, cardiovascular system, real time with image documentation |
| 81025 | Urine pregnancy test by visual color comparison |
| 86701 | HIV-1 |
| 99000 | Handling and/or conveyance of specimen |
| 99234 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, with medical decision making that is straightforward or of low complexity |
| 99235 | <p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components:</p> <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of moderate complexity. <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs</p> <p>Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit</p> |
| 99236 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, with medical decision making of high complexity |
| 99461 | Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center |
| 99464 | Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn |
| 99465 | Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output |

HCPCS Codes

The following HCPCS codes have been approved for use by ABCs:

«Table of HCPCS Codes Approved for Use by ABCs»

| HCPCS Code | Description |
|-------------------|---|
| S0197 | Prenatal Vitamins, 30-day supply |
| Z1032 | Initial antepartum office visit (with or without modifier ZL) |
| Z1034 | Antepartum office visit |
| Z1038 | Postpartum office visit |
| Z6200 thru Z6208 | Comprehensive Perinatal Services Program (CPSP) services |
| Z6300 thru Z6308 | Comprehensive Perinatal Services Program (CPSP) services |
| Z6400 thru Z6408 | Comprehensive Perinatal Services Program (CPSP) services |
| Z6410 thru Z6414 | Comprehensive Perinatal Services Program (CPSP) services |
| Z6500 | Comprehensive Perinatal Services Program (CPSP) services |
| Z7500 | Use of hospital examining or treatment room |
| Z7516 | Global facility fee for birthing center services frequency is one in six months |

Billing Policy for Code Z7500

HCPCS code Z7500 (use of hospital examination or treatment room) is reimbursable for Alternative Birthing Centers (ABC) for the monitoring of a recipient in labor while the recipient is in the facility if labor stops prior to returning home.

«Code Z7500 can be billed for services completed by Licensed Midwives (LM) and Certified Nurse Midwives (CNM).»

Billing Guidelines for Code Z7516

Alternative Birthing Centers (ABCs) must submit documentation when billing HCPCS code Z7516 in conjunction with modifier 52 (reduced services) when a recipient is admitted to the ABC in labor but later transferred to a hospital for delivery. Details for ABCs billing with code Z7516 are as follows:

- If delivery occurs at the ABC, but the mother and/or newborn require transfer to a hospital post-delivery, the ABC may charge and be reimbursed for the full facility fee for code Z7516. Modifier 52 is not needed in this situation.
- If the recipient was seen at the ABC, evaluated for labor, and immediately transferred to a hospital for labor and delivery, the ABC may not bill or be reimbursed for code Z7516.
- If the recipient was evaluated at the ABC and admitted for labor and delivery, but later transferred to a hospital for delivery, the ABC should bill code Z7516 in conjunction with modifier 52. The provider must document the following: duration of labor, time of admission, time of transfer and name of destination hospital. Actual labor management must have occurred to qualify for reimbursement. With or without electronic fetal monitoring, evaluation solely to determine where a recipient should deliver does not qualify for reimbursement.

Code Z7516, in conjunction with modifier 52, will be reimbursed as follows:

- Recipients at the ABC for less than four hours prior to transfer will be reimbursed at 25 percent of the rate on file for code Z7516.
- Recipients at the ABC for at least four hours but less than 12 hours prior to transfer will be reimbursed at 50 percent of the rate on file for code Z7516.
- Recipients at the ABC for 12 hours or more prior to transfer will be reimbursed at 75 percent of the rate on file for code Z7516.
- «Code Z7516 can be billed for services completed by licensed midwives and nurse midwives.»

«Legend»

«Symbols used in the document above are explained in the following table.»

| Symbol | Description |
|--------|---|
| « | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| » | This is a change mark symbol. It is used to indicate where on the page the most recent change ends. |