FREESTANDING BIRTH CENTER

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

- Medicaid/CHIP Full Coverage
- Unborn Children Prenatal Care Program (79)

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles

Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary; and
- The recipient must be eligible.

The manual also includes non-discrimination requirements providers must abide by.

For recipients in a Care Management program, the services must be either ordered or referred by the recipient's Care Management provider. Please refer to the Referrals manual for additional information.

Covered Services

A free-standing birthing center (FSBC), as defined in SDCL 34-12-1.12, is any health care facility at which a woman is scheduled to give birth following a normal, uncomplicated pregnancy, but does not include a hospital or the residence of the woman giving birth. The birth center may admit and retain, on the orders of a physician or certified nurse midwife, only those recipients for whom it can provide care safely and effectively. At least one physician, certified nurse midwife, or registered nurse shall be on duty in the birth center at all times if a recipient is in active labor. Each licensed practical nurse and other nursing personnel involved in recipient care shall be under the direct supervision of a physician, certified nurse midwife, or registered nurse. FSBCs and services provided by them must be in compliance with ARSD Article 44:69.

Facility Services Per Diem Services

FSBCs are reimbursed at an all-inclusive flat rate per episode of care, which covers all operative functions associated with the performance of a vaginal delivery including but not limited to the following:

- Admission;
- Patient history and physical;
- Laboratory tests;
- Newborn care;
- Nursing care of the laboring/delivering recipient and her newborn infant; and
- All supplies related to the care and discharge of the recipient and her newborn infant.

Professional Services

Professional services provided in a FSBC by physicians, physician assistants, nurse practitioners, and nurse midwives are not considered to be facility services. Covered professional services are limited to vaginal delivery codes including codes that include prenatal and/or postpartum care if applicable. Please refer to the Obstetrical Services manual for additional information related to professional services.

NON-COVERED SERVICES

General Non-Covered Services

Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

FSBC Non-Covered Services

In addition to other services not specifically listed as a covered service, the following FSBC services are not covered by South Dakota Medicaid:

- Assessments for active labor that do not result in admission to the birthing center or admissions that were subsequently determined to be false labor;
- Delivery of multiples;
- General or epidural anesthesia;
- Emergency treatment;
- Emergency medical transportation; and
- Services that do not occur at the facility.

Emergency care
Each birth center shall establish and implement policies and procedures for emergency care and arrange for transport to a licensed hospital sufficiently close to provide prompt care to the birth center's clients if needed. Emergency treatment nor emergency transportation may not be billed by the FSBC. When a recipient must be transferred to an acute care hospital for the delivery after being admitted to the FSBC, the birthing center may bill for labor occurring but not resulting in delivery using HCPCS code S4005.

Documentation Requirements

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Reimbursement and Claim Instructions

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
Facility Services
Reimbursement for delivery services performed in a freestanding birthing center (FSBC) is an all-inclusive flat rate per episode of care. Reimbursement will be the lesser of the billed amount or the amount listed on our fee schedule website.

Professional Services
The facility fee excludes payments for the physician, physician assistant, nurse practitioner, or nurse midwife performing the delivery. Vaginal delivery is the only reimbursable service for this facility type and must be billed separately by the rendering provider. A claim for professional services must be submitted at the provider's usual and customary charge. Payment is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's fee schedules.

Claim Instructions

Facility Services

FSBC claims should be completed on the CMS 1500 or 837P. Detailed claim form instructions are available on our website. The FSBC facility fee must be billed using HCPCS code S9083. Interim labor facility global – labor occurring but not resulting in delivery, HCPCS code S4005, may be billed to indicate transfer to a hospital setting after being admitted to the FSBC for delivery, but not delivering at the FSBC.

Professional Services

Professional services for a vaginal delivery provided in a FSBC must be billed separately by the rendering provider. Claims should be completed on the CMS 1500 or 837P. Detailed claim form instructions are available on our website. A claim submitted for the services of a physician or other licensed practitioner must be for services provided by the physician or other licensed practitioner or an employee who is under the direct supervision of the practitioner. A claim submitted by a certified nurse midwife, a nurse practitioner, or a physician assistant must contain the certified nurse midwife's, the nurse practitioner's, or the physician assistant's provider identification number and may not be submitted under the supervising physician's provider identification number.

DEFINITIONS

1. "Birth center," any health care facility licensed under this article at which a woman is scheduled to give birth following a normal, uncomplicated pregnancy, but does not include a hospital or the residence of the woman giving birth;

2. "Certified nurse midwife," a provider duly authorized under this chapter to practice the nursing specialty of nurse midwifery as defined in SDCL 36-9A-1;

3. "Clinical nurse specialist," an individual who is licensed under SDCL 36-9-85 to perform the functions contained in SDCL 36-9-87, or an individual licensed or certified in another state to perform those functions;

4. "Emergency care," professional health services immediately necessary to preserve life or stabilize health due to the sudden, severe, and unforeseen onset of illness or accidental bodily injury;

5. "Nurse practitioner," a provider duly authorized under this chapter to practice the specialty of nurse practitioner as defined in SDCL 36-9A-1;

6. "Physician," a person who is licensed or approved to practice medicine pursuant to SDCL chapter 36-4;

7. "Practitioner," a person who is:
    a. Licensed or approved to practice medicine pursuant to SDCL chapter 36-4; or
    b. Licensed to practice nurse midwifery pursuant to SDCL chapter 36-9A;

8. "Transfer or discharge," the movement of a client to a bed outside the distinct part or outside the birth center.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **Can a provider who has provided prenatal and/or postpartum care bill a global code?**

   Yes, the rendering providers should use the global code if applicable.