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
59025	Fetal non-stress test
59812	Treatment of incomplete abortion, completed surgically
59820	Treatment for missed abortion, first trimester
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
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
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	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: • a comprehensive history; • a comprehensive examination; and • medical decision making of moderate complexity. 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 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
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.