

5160-18-01**Freestanding birth center services.****(A) Definitions.**

- (1) "Freestanding birth center (FBC)" is an entity defined in 42 U.S.C. 1396d(1)(3) (B) (in effect as of January 1, 2023) that is operated in conformity with rules 3701-83-33 to 3701-83-42 of the Administrative Code.
- (2) "Independent practitioner" and "non-independent practitioner" have the same meaning as in rule 5160-4-02 of the Administrative Code.
- (3) "Low-risk expectant mother" has the same meaning as in rule 3701-83-33 of the Administrative Code.

(B) Coverage. Payment may be made for covered services provided to a low-risk expectant mother.

- (1) Facility services. A single "bundled" payment is made to an FBC for all covered obstetrical care (antepartum, delivery, postpartum, and newborn care services), including healthcare services listed in rule 3701-83-36 of the Administrative Code. If delivery does not occur at the FBC, payment is made for the discrete covered services.
- (2) Professional services. Additional professional payment is also made to an independent practitioner, or to an FBC on behalf of either an independent practitioner or a non independent practitioner, for the performance of discrete covered services including but limited to the following examples:
 - (a) Antepartum services;
 - (b) Intrapartum services, delivery, postpartum, and newborn care services listed in rule 3701-83-36 of the Administrative Code;
 - (c) A covered medicine, radiology, clinical laboratory, or evaluation and management (E&M) service;
 - (d) The administration of a pharmaceutical;
 - (e) Reproductive health services (including the provision of contraceptive supplies); or
 - (f) The professional component of a covered service comprising both professional and technical components.

(C) Claim payment. The maximum payment for a covered item or service in the following list is established in accordance with the indicated section of the Administrative Code:

(1) "Bundled" or discrete covered services payment made to an FBC — Appendix DD to rule 5160-1-60;

(2) Professional payment:

(a) Medical or radiological service — Chapter 5160-4, for which maximum payment amounts are published in Appendix DD to rule 5160-1-60;

(b) Immunization, injection or infusion (including trigger-point injection), skin substitute, or provider-administered pharmaceutical — rule 5160-4-12;

(c) Applicable durable medical equipment, prostheses, orthoses, and medical supply items — Chapter 5160-10;

(d) Laboratory service — rule 5160-11-11; or

(e) Reproductive health service — Chapter 5160-21, for which maximum payment amounts are published in Appendix DD to rule 5160-1-60.

Replaces: 5160-18-01
Effective: 1/1/2023
Five Year Review (FYR) Dates: 01/01/2028

CERTIFIED ELECTRONICALLY

Certification

12/19/2022

Date

Promulgated Under: 119.03
Statutory Authority: 5164.02
Rule Amplifies: 5164.02, 5164.70
Prior Effective Dates: 01/01/2012, 01/01/2018