

5160-18-01                    **Freestanding birth center services.**

(A) Definitions.

- (1) "Freestanding birth center (FBC)" has the same meaning as in 42 U.S.C. 1396d(1)(3)(B) (October 1, 2016).
- (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) Provider requirements. Payment may be made to a FBC only if it meets the following criteria:

- (1) It holds a current license to perform FBC services issued by the appropriate authority in the state in which it is located;
- (2) It is operated in conformity with rules 3701-83-33 to 3701-83-42 of the Administrative Code; and
- (3) It is neither a hospital registered under section 3701.07 of the Revised Code nor an entity that is reviewed as part of a hospital accreditation or certification program.

(C) Coverage.

- (1) Facility services. Payment may be made to a FBC either for covered global obstetrical care (i.e., a bundled combination of antepartum, delivery, and postpartum services) or for covered discrete antepartum, delivery, and postpartum services, but not for both.
- (2) Professional services. Separate payment may be made to an independent practitioner, or to a FBC on behalf of either an independent practitioner or a non-independent practitioner, for the performance of the following services:
  - (a) Covered global obstetrical care or covered discrete antepartum, delivery, and postpartum services, but not both;
  - (b) Care of the newborn provided in accordance with rule 3701-83-36 of the Administrative Code;
  - (c) A covered medicine, radiology, clinical laboratory, or evaluation and management (E&M) service or the administration of a pharmaceutical;  
or
  - (d) The professional component of a covered service comprising both

professional and technical components.

(D) Limitations.

(1) Payment may be made for an antepartum, delivery, or postpartum service only if it meets the following criteria:

(a) It is provided to a low-risk expectant mother;

(b) It is covered in accordance with agency 5160 of the Administrative Code; and

(c) It is provided in accordance with rules 3701-83-34 to 3701-83-37 of the Administrative Code.

(2) Payment will not be made for a service that is outside a practitioner's scope of practice.

(3) Payment will not be made to a FBC (as the rendering provider) for performing the professional component alone of a covered service.

(4) A practitioner and a FBC must not submit a claim for service that would result in duplicate payment.

(E) Claim payment. Payment for a covered item or service is the lesser of submitted charge or the amount specified in the applicable rule of agency 5160 of the Administrative Code.

Replaces: 5160-18-01, 5160-4-36

Effective:

Five Year Review (FYR) Dates:

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Certification

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Date

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