

The Midwife Center for Birth and Women's Health – Fee Schedule

The professional and facility fees below reflect TMC's costs for standard prenatal and birth care. TMC will submit claims to the client's plans to cover these costs, but a portion of the costs may be transferred to the client depending on the plan's coverage. Clients are encouraged to contact their insurance company and reference the medical billing codes below to get a more accurate estimate of what portion of care their policies will cover, and what costs for care might be the client's financial responsibility.

<p><u>Standard Prenatal Care Covered Under the Professional Fee</u></p> <ul style="list-style-type: none"> • Orientation • All prenatal visits, including a one-hour initial prenatal visit • Labor and delivery care by a midwife • Education and newborn assessment by a midwife • Unlimited phone consultations • Two postpartum office visits (at two and six weeks postpartum) 	<p>\$3,350 (Code 59400)</p> <p>Professional NPI: 1922073378</p>
<p><u>Facility Fee</u></p> <ul style="list-style-type: none"> • Routine supplies for labor and delivery at The Midwife Center • Use of a birth suite • Staff RN to assist Midwife • 4-12 hour postpartum stay at The Midwife Center • One immediate (within 72 hours of birth) postpartum office visit at The Midwife Center 	<p>\$4,000</p> <p>Code varies by insurance carrier; use 25-1864282: Tax ID # and/or 1467810168: Facility NPI to identify The Midwife Center</p>

In addition, services for medical care provided by The Midwife Center that may not be considered routine pregnancy care by insurance carriers will be billed separately. As such, individual co-payments, co-insurance and patient financial responsibility may apply. We strongly suggest that you follow up with your insurance provider to check on your other benefit details and eligibility, or if pregnancy verification is required for authorization of insurance. Fees are subject to change, and clients may inquire about TMC's fees at any time.

Prenatal Care and Services Not Covered in Standard Fees Above	
Non-Stress Tests, performed/read at TMC only	\$85 (Code 59025)
Non-Stress Tests, read at the Hospital only (hospital will bill additionally for performance of the test)	\$75 (Code 59051)
Lactation Consulting Visit	\$165 (Code 99215)
Rhogam Supply	\$200 (Code 90384 or J2790)
Administration of Rhogam Injection	\$40 (Code 96372)
Newborn Hearing Screening Some health insurance plans will only cover this screening when it is administered at a hospital by an audiologist. If you wish for TMC to administer this test instead, you may be responsible for \$125 out-of-pocket.	\$125 (Code 92586)
Nitrous Oxide – not billable to insurance except UPMC Health Plan and UPMC For You	\$200

The following education, diagnostic tests, therapeutics, procedures, labs, etc., ARE NOT included in the fees above; however, the midwife may refer clients for the listed services (and/or others) when indicated:

1. Education – Childbirth Series Class, Childbirth Essentials Class, Sibling Class, Breastfeeding, Genetic Counseling, Nutritional Counseling by a Dietician, Infant CPR Refresher Class, Infant Care Class, etc.
2. Diagnostic Tests (such as but not limited to) – Non-Stress Tests, Ultrasounds, Amniotic Fluid Index, X-rays, Biophysical Profile, Doppler Flow Studies, Echocardiogram, CVS, Amniocentesis
3. Therapeutics – Rubella immunization, Rhogam, etc.
4. Procedures – C-section, Vacuum Extraction, Forceps Delivery, External Cephalic Version, D&C for Retained Placenta or PPH, Stem Cell Collection, Postpartum– IUD insertion, Newborn circumcision, etc.
5. Laboratory Tests – All lab work
6. Physician Charges – All physician charges, High Risk Prenatal Consults, Pediatric Evaluation
7. Problem Visits: Non-pregnancy related visits

Please note: we can assist in clarifying your benefits, but ultimately you are financially responsible for services provided by The Midwife Center, including co-payments, co-insurance, deductibles, and any other items not covered by your insurance. Questions regarding your coverage should be directed to your insurance company directly. Please contact us at (412) 321-6880 x.211 for any updates and changes in insurance, or with any questions.

If Transferring to TMC from another Provider

If you have received care from another provider during your pregnancy, your prenatal visits will have to be billed separately from your labor and delivery care. The previous provider will bill for the care you received under them, making your care unable to be submitted as one single Global Bundle. Your prenatal visits will be billed according to how many visits with TMC. Your Facility Fee will stay the same.

You will still have the additional care listed under Standard Prenatal Care to include:

- Orientation
- Education and newborn assessment by a midwife
- Unlimited phone consultations
- Two postpartum office visits (at two and six weeks postpartum)

Below is the unbundled Prenatal Care and Labor and Delivery

1-3 Prenatal Visits, including a one-hour initial prenatal visit	Visits are billed individually, prices vary according to care
4-6 Prenatal Visits, including a one-hour initial prenatal visit	\$750 (Code 59425)
7+ Prenatal Visits, including a one-hour initial prenatal visit	\$1460 (Code 59426)
Labor and Delivery care by a Midwife to include Postpartum visits	\$2500 (Code 59410)

Please note: in the event of a transfer from TMC to a hospital during your labor/delivery, or if the consulting provider at the hospital participates in your delivery (including performing a C-section, if needed), that facility/provider will bill for their fees and you will receive a bill from them. We will bill for care rendered by our midwife during your labor/delivery, whether directly at TMC or while under midwife observation at another facility. If your baby isn't born at TMC, all prenatal and postpartum visits will be billed as separate charges. Please contact the specific hospital for fees and costs of service.

Postpartum Care at TMC in the event they need to be billed separately following a Delivery outside of TMC.

- Only 1 of your 2 postpartum visits get billed

Postpartum Visit	\$300 (Code 59430)
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