



Maternity Fee Schedule

The costs for Standard Prenatal/Birth Care are indicated below for Professional and Facility Services. TMC will submit medical claims to the insurance on file for these charges for both Professional and Facility Services, but a portion of the costs may be determined by your insurance for Patient Responsibility depending on your plan's coverage. Clients are encouraged to contact their insurance company and reference the medical billing codes below to get an estimate of if your care will apply towards deductible, coinsurance, and/or copayments for Midwifery Care at an Out-of-Hospital Birth Center. The costs included on our Maternity Fee Schedule are subject to change at any time.

Professional NPI: 1922073378

Facility NPI: 1467810168

Tax ID: 25-1864282

<p><u>Standard Prenatal Care (Global OB Care)</u> <u>Submitted to Insurance as Professional Fee with Professional NPI</u></p> <ul style="list-style-type: none"> • All Prenatal Visits, including a one-hour initial prenatal visit • Labor and Delivery care by a Midwife • Two Postpartum Visits (two weeks and six weeks postpartum) 	<p><u>Cost/CPT Code</u></p> <p>\$3,500.00</p> <p>Code: 59400</p>
<p><u>Facility Service Fee</u> <u>Submitted to Insurance as Facility Fee with Facility NPI</u></p> <ul style="list-style-type: none"> • Use of our Birth Suites and available supplies and support within them • Routine supplies for labor and delivery • Staff RN to assist Midwife • 4-12 hour postpartum stay at TMC • One immediate (within 72 hours of birth) office visit at TMC 	<p><u>Cost/CPT Code</u></p> <p>\$5,200.00</p> <p>Code: Varies by Insurance Carrier; Please reach out to Billing Team to confirm appropriate code based on insurance plan</p>
<p><u>Newborn Facility Fee</u> <u>Submitted to Insurance as Facility Fee with Facility NPI</u></p> <ul style="list-style-type: none"> • Newborn Facility use and available supplies and support within them • Routine supplies for Newborn Care Evaluation 	<p><u>Cost/CPT Code</u></p> <p>\$2,500.00</p> <p>Code: 99460</p>
<p><u>Initial Newborn Care Evaluation</u> <u>Submitted to Insurance as Facility or Professional Fee (depending upon insurance plan)</u></p> <ul style="list-style-type: none"> • Assessment of newborn by Midwife • Immediate postpartum education 	<p><u>Cost/CPT Code</u></p> <p>\$625.00</p> <p>Code: 99460/99463 Code dependent on date of discharge from TMC</p>
<p><u>Newborn Hearing Test</u> <u>Submitted to Insurance as Facility or Professional Fee (depending upon insurance plan)</u></p> <ul style="list-style-type: none"> • State Requirement Newborn Hearing Screening 	<p><u>Cost/CPT Code</u></p> <p>\$125.00</p> <p>Code: 92650/92651</p>

Services we commonly offer that are not included in Standard Prenatal Care to insurance carriers are billed at the time of service. Below is a list of these common services we offer that would be billed separately at the time of service and are subject to patient responsibility.

<u>Non-Stress Test (NST)</u>	<u>Cost/CPT Code:</u> \$85.00 / 59025
<u>Rhogam Supply</u> <u>Administration of Rhogam Injection</u>	<u>Cost/CPT Code:</u> \$200.00 / 90384 \$40.00 / 96372
<u>Tdap Vaccine</u> <u>Administration of Tdap Vaccine</u>	<u>Cost/CPT Code:</u> \$60.00 / 90715 \$40.00 / 90471
<u>Lactation Consultation</u>	<u>Cost/CPT Code:</u> \$200.00 / 99215
<u>Sonogram Performed at TMC</u>	<u>Cost/CPT Code:</u> \$145.00 - \$180.00 Code and cost varies depending upon reason for Sonogram/Ultrasound
<u>Nitrous Oxide</u> - Out-of-pocket cost (insurance coverage varies)	<u>Cost:</u> \$200.00

TMC will only bill for services provided at TMC. You could be subject to additional costs for services rendered at facilities outside of TMC (i.e. Imaging Centers, Quest/Lab Corp). TMC is not responsible for the costs of services billed by outside facilities. TMC's lab is available for the convenience of our clients to perform blood draws to send for testing. The facility that is performing the testing of the specimen will bill your insurance for that service. TMC will bill the insurance for the drawing of the lab.

<u>Non-Global OB Care</u>
<p>Non-Global OB Care/Unbundled Billing applies for the following circumstances:</p> <ul style="list-style-type: none"> • Transferring to TMC from another provider - Your previous provider will bill for the care rendered with them and TMC will bill for the care rendered at TMC. Prenatal Visits will be billed separately from Labor/Delivery to account for the visits provided by TMC, Facility Fee will remain the same. Receiving Dual-Care/Co-Care is not recommended. Only one care provider/group is able to bill and be reimbursed by your insurance for your prenatal and delivery care. • Transferring from TMC to another provider - TMC will bill for the care rendered at TMC prior to your transfer. Prenatal Visits will be billed according to number of visits • Transferring to the hospital in labor - TMC will bill for the care rendered at TMC, including any time laboring at TMC, and number of Prenatal Visits provided. A 6 week postpartum visit will be billed separately for deliveries at another facility but return to TMC for postpartum care • Change of Insurance During Pregnancy - If there is a change of insurance carriers during pregnancy, our billing team will bill each insurance plan for the care rendered at the time each plan is active. <i>For example - If your insurance changes on January 1st from Aetna to Blue Cross Blue Shield during your pregnancy - TMC will bill Aetna for the care you received while Aetna was your insurance carrier and will bill Blue Cross Blue Shield for remaining care while that plan is active.</i>

How Billing Codes are separated in events where Non-Global Billing is Necessary

<u>1-3 Prenatal Visits</u>	Visits are billed individually and prices/codes vary according to care
<u>4-6 Prenatal Visits</u>	<u>Cost/CPT Code:</u> \$750.00 / 59425
<u>7+ Prenatal Visits</u>	<u>Cost/CPT Code:</u> \$1,460.00 / 59426
<u>Labor/Delivery Care</u> , including postpartum visit (if transferred to TMC or change of insurance)	<u>Cost/CPT Code:</u> \$2,500.00 / 59410
<p><u>Postpartum Visit</u>, if in the event of a delivery at another Facility and return to TMC for postpartum care, visit will be billed separately. We offer 2 week and 6 week postpartum visits, only one of the two postpartum visits will be billed.</p> <p>*** Please note that Postpartum Care can only be provided by one provider. You will have the choice to return to TMC for postpartum care or with the provider who delivers your baby. Postpartum care cannot be rendered by the delivering provider <u>and</u> TMC.</p>	<u>Cost/CPT Code:</u> \$300.00 / 59430

*** Disclaimer: Your health insurance is a contract between you and your insurance company, and ultimately you are responsible for understanding the specifics of your coverage, as well as the costs incurred by services provided by The Midwife Center, including co-payments, co-insurance, deductibles, and other items not covered by your insurance. We can assist in clarifying your benefits or if Global or Non-Global applies to you but we strongly recommend that clients contact their insurance company and provide them with the professional and facility NPI numbers found at the top of this document to ensure that their prenatal and birth care will be considered as in-network with their policy. ***