

Payment Policy

cmi_171501

Title	Home Birth Kit Supplies - S8415		
Number	CP.PP.395.v1.5		
Last Approval Date	08/12/24	Original Effective Date	05/12/15
Cross Reference			

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define the Plan's limitations on what supplies/services are considered part of the Home Birth Kit that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
Definitions	<p>Home Birth Kit – A portable kit transported to and from a home birth delivery that contains disposable/non-disposable supplies/equipment that are used by the birthing provider during the delivery process.</p> <p>Planned Home Birth – A natural birth that occurs in the home usually attended by a licensed midwife, a certified nurse midwife/advanced registered nurse practitioner (ARNP) or a physician</p>
Policy	<p>As part of a planned home birth that is rendered in a patient's home setting, a portable kit of supplies needed as part of the birthing process may be routinely utilized.</p> <p>The Plan considers the individual supplies utilized as part of the planned home birth to be included in the home birth kit and are not separately reimbursable.</p> <p>The supplies/equipment which make up the home birth kit may include, but are not limited to or required to include, the following items:</p> <ul style="list-style-type: none"> • Adult mask and oral airway • Fetoscope and/or doppler device • Oxygen tank, tubing and flow meters • Oxygen saturation monitor • Neonatal resuscitation mask and bag • Portable light source • Portable oral suction device(s) for infant • Sterile birth instruments and instruments for episiotomy and repair • Stethoscope and blood pressure cuff • Tape measure, timepiece and thermometer • IV set-up supplies and administration • Venipuncture supplies • Urinalysis supplies (catch cups, dipsticks) • Injection supplies for mother and baby needs • Sheets, towels, receiving blankets

	<ul style="list-style-type: none"> • Neonatal ophthalmic ointment (eye prophylaxis) • Sterile supplies <ul style="list-style-type: none"> ○ Sterile amnio-hooks ○ Sterile gloves ○ Urinary catheters ○ Infant bulb syringe ○ Cord clamps, binding equipment or umbilical tape • Cleaning/antimicrobial solutions for cleaning/rubbing alcohol • Cord blood collection supplies • Suture supplies • Sharps and disposal container • Supplies to wrap and dispose of placenta • Related drugs and IV solutions <ul style="list-style-type: none"> ○ Methergine ○ Magnesium sulphate ○ Oxytocin, Pitocin ○ Adrenalin, epinephrine ○ Vitamin K ○ Normal Saline ○ Ringers lactate infusion or dextrose in lactated ringers ○ Local anesthesia for perineal repair • Appropriate device for measuring newborn's blood sugar values <p>These routinely used supplies and services are considered included in the code <i>S8415 – Supplies for home delivery of an infant</i> and are not separately reimbursable for a planned home delivery.</p> <p>Code S8415 is limited to one submission per pregnancy and should be submitted for the mother only.</p>
Codes/Coding Guidelines	S8415 – Supplies for home delivery of infant
Violations of Policy	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined in Plan's sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
Exceptions	
Laws, Regulations & Standards	
References	<ul style="list-style-type: none"> • Planned Home Births & Births in Birthing Centers Provider Guide, WA State Healthcare Authority, 09/01/2023 • Healthcare Common Procedure Coding System (HCPCS) Level II codebook
Policy Owner Review	Payment Integrity Oversight Committee
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department

Annual Review Dates	08/12/24; 11/09/23; 12/07/22; 01/07/22; 01/27/21; 02/10/20; 02/18/19; 02/27/18; 04/11/17; 05/10/16; 05/12/15	
Version History	02/27/18	Added Codes/Coding Guidelines section
	02/18/19	Annual review; no changes
	02/10/20	Annual review; no changes
	01/27/21	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms
	01/07/22	Annual review; no changes
	12/07/22	Annual review; no changes
	11/09/23	Added the last bullet in the list of supplies considered included in the birth kit.
	08/12/24	Annual review; no changes