

## Having a Baby Guide

### Label and Assumptions

**Instructions to Plans and Issuers:** Do not modify this table. The numbers shown here come from the Scenario table.

**Table 1. Having a Baby Sample Care Costs**

Having a Baby	Sample Care Costs
Inpatient Hospital Care (Facility)	\$7,061
Professional Services: Inpatient	\$1,399
Professional Services: Obstetric Care (Bundled)	\$2,610
Diagnostic Services: Radiology	\$343
Diagnostic Services: Laboratory	\$1,153
Prescription Drugs: Generic	\$11
Over-the-counter Drugs	\$61
Preventive Services & Vaccines	\$49
<b>Total</b>	<b>\$12,687</b>

### Assumptions

The following are assumptions that all group health plans and insurance issuers must use for this scenario. These assumptions are standard across all scenarios.

- Costs do not include premiums.
- Condition was not excluded as a pre-existing condition.
- There are no other medical expenses for any member covered under the plan or policy.
- All care is in-network and considered first tier (or the tier associated with the lowest level of cost sharing), for those products that incorporate tiered provider networks.
- No out-of-network charges or any other variation in sample care costs.
- All services occur in same policy period.
- All prior authorizations were obtained.
- All services were deemed medically necessary.
- All costs (allowed amount, sample care costs, member costs) greater than \$100 are rounded to the nearest hundred.
- All costs (allowed amount, sample care costs, member costs) less than \$100 are rounded to the nearest ten.
- If applying the rounding rules causes the cost sharing amount displayed to exceed the actual out-of-pocket limit (for self-only coverage), then the cost sharing amount must be capped and the amount of the actual out-of-pocket limit must be used. For example, if the out-of-pocket limit is \$5,000 but applying the rounding rules makes the sum of the deductible, copayment and coinsurance equal to \$5,100, the plan or issuer must use the out-of-pocket limit of "\$5,000" and not "\$5,100." This amount (the \$5,000 out-of-pocket limit) must then be added to the monetary amount in the exclusions and limits to determine the total *Patient pays* amount.
- All medications are covered as generic equivalents if available.

- If the plan has a wellness program that varies the deductibles, copayments, coinsurance, or coverage for any of the services listed in a treatment scenario, the plan or issuer must complete the calculations for that treatment scenario assuming that the patient is NOT participating in the wellness program.

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## Scenario

### *Medical Condition: Having a Baby*

Note: Services are listed individually for classification and pricing purposes to facilitate the population of the "Sample care costs" section. HHS specifies the Category in order to roll up costs into that category in the "Sample care costs" section so that those costs are uniform across all group health plans and health insurance issuers. However, some plans or issuers may classify an item or service under another category. The plan or issuer should apply its cost sharing and benefit features for each plan or policy in order to complete the "You pay" section, but must leave as is the "Sample care costs" section. Examples of cost sharing and benefit features include, but are not limited to:

- Payment of services based on the location such as inpatient, outpatient, or office; and
- Payment of items as prescription drugs vs. medical equipment.

### Explanation of Scenario

- Total – the sum of allowed amounts for the listed items and services, which is cross-referenced in the "Label and Assumptions" tab, where it is rounded.
- Date of Service – includes the day and month of service so plans and issuers understand the order in which items or services are rendered.
- ICD-10 Diagnosis Code – includes the ICD-10 code for each item or service.
- CPT, HCPCS or Other Billing Code – includes medical codes for each item or service. Over-the-counter medications are listed as OTC.
- Provider Type – includes one of the types listed on the "Provider Types" tab to classify each item or service by provider.
- Category – includes one of the categories listed on the "Categories" tab to classify each item or service so it rolls up into the same category in the "Label and Assumptions" tab.
- Description – includes the short form descriptor for a CPT code, or an appropriate descriptor for a non-CPT billing code.
- Allowed Amount – includes an estimated national average allowed amount for each item or service, which plans or issuers must use to calculate cost sharing.

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**Table 2. Having a Baby Scenario Timeline**

Date of Service	ICD-10 Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Description	Allowed Amount
Totals:						\$12,686.85
7-Jan		OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$11.48
1-Apr	Z3400	80055	OBGYN	Diagnostic Services: Laboratory	Obstetric Panel	\$56.04
1-Apr	Z3400	87801	OBGYN	Diagnostic Services: Laboratory	Detect agnt mult dna ampli	\$119.67
1-Apr	Z3400	88175	OBGYN	Diagnostic Services: Laboratory	Cytopath c/v auto fluid redo	\$36.94
1-Apr	Z3400	86701	OBGYN	Diagnostic Services: Laboratory	HIV-1	\$17.37
1-Apr	Z3400	36415	OBGYN	Diagnostic Services: Laboratory	Routine Venipuncture	\$5.30
1-Apr	Z3201	81025	OBGYN	Diagnostic Services: Laboratory	Urine Pregnancy Test	\$9.86
1-Apr	O80, Z370	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Obstetrical Care	\$2,609.93
1-Apr	Z3400	87086	OBGYN	Diagnostic Services: Laboratory	Urin culture/colony count	\$13.12
1-Apr	Z3400	81001	OBGYN	Diagnostic Services: Laboratory	Urinalysis auto w/scope	\$8.67
1-Apr	Z3400	87491	OBGYN	Diagnostic Services: Laboratory	Chlmd trach dna amp probe	\$44.48

<b>Date of Service</b>	<b>ICD-10 Diagnosis Code</b>	<b>CPT®, HCPCS, or Other Billing Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Description</b>	<b>Allowed Amount</b>
1-Apr	Z3400	87591	OBGYN	Diagnostic Services: Laboratory	N.gonorrhoeae dna amp prob	\$43.82
7-Apr	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
7-Apr		OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$11.48
27-May	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
24-Jun	Z3400	82105	OBGYN	Diagnostic Services: Laboratory	Alpha-fetoprotein serum	\$23.21
24-Jun	Z3400	82677	OBGYN	Diagnostic Services: Laboratory	Assay of estriol	\$28.67
24-Jun	Z3400	84702	OBGYN	Diagnostic Services: Laboratory	Chorionic gonadotropin test	\$24.94
24-Jun	Z3400	86336	OBGYN	Diagnostic Services: Laboratory	Inhibin A	\$21.67
24-Jun	Z3400	81220	OBGYN	Diagnostic Services: Laboratory	CFTR gene analysis, common variants	\$595.43
24-Jun	Z3400	36415	OBGYN	Diagnostic Services: Laboratory	Routine Venipuncture	\$5.30
24-Jun	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-

<b>Date of Service</b>	<b>ICD-10 Diagnosis Code</b>	<b>CPT®, HCPCS, or Other Billing Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Description</b>	<b>Allowed Amount</b>
6-Jul		OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$11.48
22-Jul	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
22-Jul	Z3400	76805	Radiology	Diagnostic Services: Radiology	OB US >= 14 WKS SNGL FETUS	\$209.73
19-Aug	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
16-Sep	Z3400	82947	OBGYN	Diagnostic Services: Laboratory	Assay Glucose Blood Quant	\$8.21
16-Sep	Z3400	85025	OBGYN	Diagnostic Services: Laboratory	Complete cbc w/auto diff wbc	\$13.99
16-Sep	Z3400	82950	OBGYN	Diagnostic Services: Laboratory	Glucose Test	\$10.03
16-Sep	Z3400	36415	OBGYN	Diagnostic Services: Laboratory	Routine Venipuncture	\$5.30
16-Sep	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
16-Sep	Z3400	76815	Radiology	Diagnostic Services: Radiology	Ultrasound of pregnant uterus, 1 or more fetus(es)	133.68
30-Sep	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-

<b>Date of Service</b>	<b>ICD-10 Diagnosis Code</b>	<b>CPT®, HCPCS, or Other Billing Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Description</b>	<b>Allowed Amount</b>
4-Oct		OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$11.48
14-Oct	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
28-Oct	Z3400	87653	OBGYN	Diagnostic Services: Laboratory	Strep B DNA Amp Probe	\$61.22
28-Oct	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
28-Oct	Z23	90471	OBGYN	Preventive Services & Vaccines	Immunization Admin	\$28.56
28-Oct	Z23	90656	OBGYN	Preventive Services & Vaccines	Flu Vaccine N0 Preserv 3 & >	\$20.20
11-Nov	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
18-Nov	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
25-Nov	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
2-Dec	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-

Date of Service	ICD-10 Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Description	Allowed Amount
9-Dec	O80, Z370	1967	Anesthesiology	Professional Services: Inpatient	Anesth/analg vag delivery	\$1,399.34
9-Dec	Z3800	775	Inpatient Facility	Inpatient Hospital Care (Facility)	Vaginal delivery w/o complicating diagnoses	\$7,060.58
9-Dec	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
11-Dec		51991045757	Pharmacy Retail	Over-the-counter Drugs	Polyethylene Glycol 3350 [1 dose / 17 GM daily]	\$15.10
11-Dec		53746046605	Pharmacy Retail	Prescription Drugs: Generic	Ibuprofen 800mg (Rx) [1 pill Q8H PRN; 30 pills]	\$3.77
11-Dec		228298150	Pharmacy Retail	Prescription Drugs: Generic	Oxycodone/APAP 5mg/325mg (Rx) [1 pill Q6H PRN; 15 pills]	\$6.80
23-Dec	Z392	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-

\*\* Inpatient costs were calculated based on national averages using the indicated DRG codes. Additional variances may occur based on how health plan hospital contracts are structured (e.g., case rate, per diems, percentage of billed charges, etc.)

## Provider Types

The following are the provider types to use in the "Scenario" table ~ "Provider Type" column to classify each service by provider type. This aids group health plans and health insurance issuers in applying benefits to each item and service.

**Table 3. Having a Baby Provider Types**

<b>Provider Type</b>	<b>What providers are covered under this Provider Type and other notes:</b>
Pharmacy Retail	
OBGYN	
Radiology	
Inpatient Facility	
Anesthesiology	

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## Categories

The following are the categories to use in the "Scenario" table ~ "Category" column to classify each item and service so it rolls up to the same category in the Coverage Example label in the "Label and Assumptions" table. This facilitates consistency between the "Scenario" table and Coverage Example label.

**Table 4. Having a Baby Categories**

<b>Category</b>	<b>What services are covered under this Category and other notes:</b>
Over-the-counter Drugs	
Diagnostic Services: Laboratory	
Professional Services: Obstetric Care (Bundled)	
Preventive Services & Vaccines	
Professional Services: Inpatient	
Prescription Drugs: Generic	

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