

[insert name]  
{insert address]  
[insert phone number]

[insert date]

Health Insurance Company  
Address  
Address

Member ID#:  
Estimated Due Date:

Request for In-Network Exception  
Emma Faris NPI – 153 84 73186  
Freya Center NPI – xxx xx xxxxx; EIN – 99-1162698

To Whom It May Concern:

I am writing to request an in-network exception for facility and professional fees to be provided by Emma Faris and Freya Center. I am requesting that the Birth Center and Midwife services be authorized at the in-network level for the following length of time: [insert LMP here] through [insert six weeks past your due date here]. Care should be authorized to pay at the in-network level based on the following reasons:

- The patient would like to deliver at an out-patient birth center rather than being admitted and delivering at an in-patient hospital. The birth center should not be compared to the hospital since it is not in-patient.
- A Birth Center and midwife are covered under the member's policy. Freya Center is licensed per state code. Emma Faris is licensed as a LM and CPM.
- The services provided by a midwife at a Birth Center are very cost effective. Midwife services in a birth center, on average, will cost an uninsured individual \$6,000 - \$10,000. A typical hospital birth will range from \$15,000 to \$60,000. This reflects a savings for both you as an insurance company and the member.
- **There aren't any contracted Birth Centers or Midwives within a 30-mile radius that provide home visits for the postpartum period as well as IBCLC services during those home visits.**
- In the unlikely event of an emergency, the patient will be transported to the nearest local hospital. Emma Faris has consulting physicians available.
- The patient feels that the individualized care with extended appointment times is better for her emotional health and well-being than the brief interactions that she would receive with a physician.

Basic CPT and diagnosis codes that will need to be approved are as follows (not all codes will be used in the final billing, only the codes that are applicable to care rendered:

Mother's Dx: O80 & Z34.80, O09.520

<b>CPT Codes</b>	<b>Description</b>	<b>Number of Visits</b>
59400	Global OB Care	1 visit
59409	Vaginal Delivery Only	1 visit
59410	Delivery & PP Care	1 visit
59425/59426	Global AP Care	1 visit each
99204	Office Visit	1 visit each
99213/99214/99215	Office Visit	20 visits each
99354/99355	Prolonged Care	20 visits each
99232	Hospital Visit/Care	20 visits
99356/99357	Prolonged Care	20 visits each
99349/99350	Office Visit	20 visits each

Baby's Diagnosis Code: Z38.00

<b>CPT Codes</b>	<b>Description</b>	<b>Number of Visits</b>
99463/99460	Newborn Exam	1 visit each
99464	Birth Assistant	1 visit
99212/99213	Office Visit	20 visits each
99347/99348	Home Visit	20 visits each
S3620	Newborn Metabolic Screening	2 visits

Codes for facility services, one of 2 ways to be billed:

<b>Codes</b>	<b>Description</b>	<b>Number of Visits</b>
0724 – UB-04 Form	Maternal Facility Service Payment	1 visit
0724 – UB-04 Form	Newborn Facility Service Payment	1 visit
59409 – CMS-1500 Form	Maternal Facility Service Payment	1 visit
59409 – CMS-1500 Form	Newborn Facility Service Payment	1 visit

I trust this information will help you in your decision to authorize Midwife and Birth Center services at the in-network level. Please respond by [insert how you would like to be notified] as to the status of my request as soon as possible. Should you have any questions, please feel free to call me at [insert phone number].

Sincerely,