

Maternity
Clinical Benefit Scenario

	A	B
1	Having a baby (normal delivery)	
2		
3	Sample care costs:	
4	First Office Visit	\$100
5	Radiology	\$200
6	Laboratory Tests	\$1,500
7	Routine Obstetric Care	\$1,800
8	Hospital Charges (mother)	\$2,900
9	Hospital Charges (baby)	\$900
10	Anesthesia	\$400
11	Pharmacy	\$30
12	Vaccines, Other Preventive	\$10
13	Education	\$40
14	Total	\$7,880
15		
16	Assumptions	
17	The following are assumptions that all health plan carriers make to calculate the scenario.	
18		
19	Standard Assumptions	
20	<i>These assumptions are standard across all scenarios. (HHS to apply these assumptions regardless of scenario.)</i>	
21	Costs do not include premiums.	
22	Condition was not an excluded as a pre-existing condition.	
23	There are no other medical expenses for any member covered under the plan.	
24	All care is in-network. No out-of-network charges or any other variation in Sample Care Costs.	
25	All services occur in same policy period.	
26	All prior authorizations were obtained.	
27	All services were deemed medically necessary.	

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	A	B
16	Assumptions	
28	All costs (allowed amount, sample care costs, member costs) greater than \$100 are rounded to the nearest hundredth.	
29	All costs (allowed amount, sample care costs, member costs) less than \$100 are rounded to the nearest tenth.	
30	All medications are covered as generic equivalents if available.	
31	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.	
32	Special Assumptions	
33	<i>These assumptions are specific to this scenario only. (HHS to specify special assumptions.)</i>	
34	[HHS to supply any assumptions that are specific to this scenario]	

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C	
1	Instructions to Insurers: <i>Do not modify this tab. The numbers shown here roll up from the Scenario tab. Transfer this label to the Summary of Coverage exactly as shown here.</i>
2	
3	Instructions for HHS:
4	<i>* HHS to provide this label exactly as they want it to appear on the Summary of Coverage.</i>
5	<i>* HHS to reuse existing sample care cost categories unless a new category is required.</i>
6	<i>* HHS to specify no more than 11 sample care cost categories as space on the page with 12 point font dictates.</i>
7	<i>* All of these costs roll up from the Scenario tab; HHS to confirm these totals match to the Scenario tab.</i>
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14	<i>* This total must match the total on the Scenario tab; HHS to confirm it matches before issuing to insurers.</i>
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	A	B	C	D	E	F	G
1	Medical Condition:					Maternity	
2	<p>Note: Services on this tab 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 carriers and plans. However, some plans may classify that service under another category. The insurer should apply their cost sharing and benefit features for each policy in order to complete the "You pay" section, but must leave the "Sample care costs" section as is. Examples of cost sharing and benefit features include, but are not limited to:</p> <ul style="list-style-type: none"> • Payment of services based on the location where they are provided (inpatient, outpatient, office, etc.) • Payment of items as prescription drugs vs. medical equipment <p>Instructions to HHS for Completing the Columns: Date of Service - include Month/Day of service so insurers understand the order in which services are rendered. Do not include year. Diagnosis Code - include the ICD code for each service CPT code - include the CPT code for each service Provider Type - use one of the types listed on the "Provider Types" tab to classify each service by provider Category - use one of the categories listed on the "Sample Care Cost Categories" tab to classify each service so they roll up into the broader cost categories on the "Label and Assumptions" tab Notes - freeform field to include any special notes for that service Allowed Amount - include the total cost for each service that would be owed to providers that insurers will use to calculate cost-sharing</p> <p><i>CPT copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.</i></p>						
3	Date of Service	Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Notes	Allowed Amount
4	Total						7942.09
5	1-Feb	V22.0	S0197	Pharmacy Retail	Pharmacy	Prenatal vitamins 30 day	\$6.31
6	1-Mar	V22.0	S0197	Pharmacy Retail	Pharmacy	Prenatal vitamins 30 day	\$6.31
7	31-Mar	V22.0	99214	Primary	First office visit	Office Visit/Outpatient Visit Est	\$102.27
8	31-Mar	V22.0	84702	Primary	Laboratory tests	Chorionic Gonadotropin Test	\$21.19
9	31-Mar	V22.0	80055	Primary	Laboratory tests	Obstetric panel	\$60.13
10	31-Mar	V22.0	88164	Primary	Laboratory tests	Cytopath TBS C/V Manual	\$14.87
11	31-Mar	V22.0	86701	Primary	Laboratory tests	HIV-1	\$12.50
12	1-Apr	V22.0	S0197	Pharmacy Retail	Pharmacy	Prenatal vitamins 30 day	\$6.31
13	28-Apr	V22.0	87801	Primary	Laboratory tests	Detect Agnt Mult DNA Ampli	\$98.78
14	1-May	V22.0	S0197	Pharmacy Retail	Pharmacy	Prenatal vitamins 30 day	\$6.31
15	30-Jun	V22.0	76801	Primary	Radiology	OB US < 14 Wks Single Fetus	\$127.58
16	30-Jun	V22.0	76817	Primary	Radiology	Transvaginal US Obestic	\$100.66
17	30-Jun	V22.0	S3626	Primary	Laboratory tests	Maternal serum quad screen	\$86.27
18	30-Jun	V22.0	83891	Primary	Laboratory tests	Molecule isolate nucleic	\$5.64
19	30-Jun	V22.0	83909	Primary	Laboratory tests	Nucleic acid high resolute	\$23.58
20	30-Jun	V22.0	83914 x32	Primary	Laboratory tests	Mutation ident ola/sbce/aspe	\$754.56
21	30-Jun	V22.0	83900	Primary	Laboratory tests	Molecule nucleic ampli 2 seq	\$47.18
22	30-Jun	V22.0	83901 x13	Primary	Laboratory tests	Molecule nucleic ampli addon	\$306.54
23	30-Jun	V22.0	83912	Primary	Laboratory tests	Genetic examination	\$5.64
24	8-Sep	V22.0	82947	Primary	Laboratory tests	Assay Glucose Blood Quant	\$5.52

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3	Date of Service	Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Notes	Allowed Amount
25	8-Sep	V22.0	82950	Primary	Laboratory tests	Glucose Test	\$6.62
26	7-Oct	V22.0	S9442	Alternative Provider	Education	Birthing class	\$6.00
27	14-Oct	V22.0	S9442	Alternative Provider	Education	Birthing class	\$6.00
28	21-Oct	V22.0	S9442	Alternative Provider	Education	Birthing class	\$6.00
29	28-Oct	V22.0	S9442	Alternative Provider	Education	Birthing class	\$6.00
30	30-Oct	V22.0	90656	Primary	Vaccines, other preventive	Flu Vaccine Nn Preserv 3 & >	\$12.38
31	4-Nov	V22.0	87653	Primary	Laboratory tests	Strep P B DNA Amp Probe	\$49.39
32	11-Nov	V22.0	S9442	Alternative Provider	Education	Birthing class	\$6.00
33	15-Nov	V22.0	S9443	Alternative Provider	Education	Lactation class	\$6.00
34	25-Nov	V22.0	59400	Primary	Routine Obstetric Care	Obstetrical Care	\$1,788.34
35	25-Nov	V22.0	01967	Specialist	Anesthesia	Anesth/Analg Vag Delivery	\$395.21
36	25-Nov	V22.0	775	Inpatient Facility	Hospital charges (mother)	Normal delivery with no complication	\$2,935.00
37	25-Nov	V22.0	795	Inpatient Facility	Hospital charges (baby)	Normal newborn	\$921.00

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	A	B
1	Provider Type	
2	The following are the provider types to use on the "Scenario" tab ~ "Provider Type" column to classify each service by provider type. This aids the insurers in applying benefits to each service.	
3		
4	Provider Type	What providers are covered under this Provider Type and other notes:
5	Primary	Primary Care Physician or non-Specialist
6	Specialist	Cardiology, Dermatology, Neurology, etc.
7	Alternative Provider	Chiropractor, Acupuncturist, etc.
8	Outpatient Facility	
9	Inpatient Facility	
10	Pharmacy Retail	
11	Pharmacy Mail Order	
12	Pharmacy Administered	All prescriptions reimbursable under a Pharmacy plan that are administered in a provider's office or hospital
13	Emergency Room	
14	Home Health	
15	Skilled Nursing Facility	
16	Ambulance	

Sample Care Cost Categories

Coverage Example label.

Category

Office visits & procedures

First office visit

Anesthesia

Chemotherapy

Circumcision

Emergency care

Home health care

Hospital charges

Hospital charges (baby)

Hospital charges (mother)

Inpatient medical care

Laboratory tests

Medical equipment & supplies

Mental health

Outpatient surgery

Pharmacy

Radiation therapy

Radiology

Rehabilitation services

Routine obstetric care

Skilled nursing care

Vaccines, other preventive

What services are covered under this Category and other notes:

Includes services by all physicians (primary care, specialist, etc.) and alternative providers (chiropractor, acupuncture)
Applies to maternity scenario only; other scenarios would use "Office visits & procedures"

Includes emergency room facility charges, physician services, ambulance transportation

Facility charges for inpatient/outpatient services; discharge management

Applies to maternity scenario only; other scenarios would use "Hospital charges"

Applies to maternity scenario only; other scenarios would use "Hospital charges"

Services by physicians, surgeons, anesthesiologists, etc.

Includes blood work

Includes durable medical equipment, orthotics, prosthetics

Physician and facility charges

Includes all prescription drugs (generic, brand/preferred, non-preferred) which are not administered in a hospital, pharmacy

Includes radiology and imaging procedures, CT, MRI, Ultrasounds, x-rays

Includes provision of treatment at any facility

Applies to maternity scenario only; typically a bundled payment

office or other facility