

Sample Care Costs	
Inpatient Hospital Care (Facility)	\$8,959
Professional Services: Primary Care	\$198
Professional Services: Obstetric Care (Bundl	\$2,394
Diagnostic Services: Radiology	\$164
Diagnostic Services: Laboratory	\$882
Prescription Drugs: Generic	\$36
Over-the-counter Drugs	\$60
Preventive Services & Vaccines	\$37
Total (unrounded)	\$12,731

Assumptions

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

Standard Assumptions

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 hundredth.
- All costs (allowed amount, sample care costs, member costs) less than \$100 are rounded to the nearest tenth.
- 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.

Medical Condition: *Having a baby*

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 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-9 Diagnosis Code – includes the ICD-9 code for each item or service.

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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OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

Totals:							\$ 12,731.28
Date of Service	ICD-9 Diagnosis Code	ICD-10 Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Description	Allowed Amount
7-Jan			OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$12.21
1-Apr	V22.0	Z3400	80055	OBGYN	Diagnostic Services: Laboratory	Obstetric Panel	\$42.75
1-Apr	V22.0	Z3400	87801	OBGYN	Diagnostic Services: Laboratory	Detect agnt mult dna ampli	\$94.00
1-Apr	V22.0	Z3400	88164	OBGYN	Diagnostic Services: Laboratory	Cytopath TBS C/V Manual	\$12.64
1-Apr	V22.0	Z3400	86701	OBGYN	Diagnostic Services: Laboratory	HIV-1	\$15.48
1-Apr	V22.0	Z3400	36415	OBGYN	Diagnostic Services: Laboratory	Routine Venipuncture	\$4.17
1-Apr	V72.42	Z3201	81025	OBGYN	Diagnostic Services: Laboratory	Urine Pregnancy Test	\$9.06

1-Apr	650, V27.0, Proc: 73.59	O80, Z370	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Obstetrical Care	\$2,394.18
7-Apr	V22.0	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]	\$12.21
27-May	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
24-Jun	V22.0	Z3400	82105	OBGYN	Diagnostic Services: Laboratory	Alpha-fetoprotein serum	\$17.53
24-Jun	V22.0	Z3400	82677	OBGYN	Diagnostic Services: Laboratory	Assay of estriol	\$23.82
24-Jun	V22.0	Z3400	84702	OBGYN	Diagnostic Services: Laboratory	Chorionic gonadotropin test	\$16.40
24-Jun	V22.0	Z3400	86336	OBGYN	Diagnostic Services: Laboratory	Inhibin A	\$17.43
24-Jun	V22.0	Z3400	81220	OBGYN	Diagnostic Services: Laboratory	CFTR gene analysis, common variants	\$561.73
24-Jun	V22.0	Z3400	36415	OBGYN	Diagnostic Services: Laboratory	Routine Venipuncture	\$4.17
24-Jun	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
6-Jul			OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$12.21
22-Jul	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
22-Jul	V22.0	Z3400	76805	Radiology	Diagnostic Services: Radiology	OB US >= 14 WKS SNGL FETUS	\$163.99
19-Aug	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-

16-Sep	V22.0	Z3400	82947	OBGYN	Diagnostic Services: Laboratory	Assay Glucose Blood Quant	\$5.73
16-Sep	V22.0	Z3400	85025	OBGYN	Diagnostic Services: Laboratory	Complete cbc w/auto diff wbc	\$11.14
16-Sep	V22.0	Z3400	82950	OBGYN	Diagnostic Services: Laboratory	Glucose Test	\$5.14
16-Sep	V22.0	Z3400	36415	OBGYN	Diagnostic Services: Laboratory	Routine Venipuncture	\$4.17
16-Sep	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
30-Sep	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
4-Oct			OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$12.21
14-Oct	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
20-Oct			S9442	Alternative Provider	Preventive Services & Vaccines	Birthing class	-
27-Oct			S9442	Alternative Provider	Preventive Services & Vaccines	Birthing class	-
28-Oct	V22.0	Z3400	87653	OBGYN	Diagnostic Services: Laboratory	Strep B DNA Amp Probe	\$36.78
28-Oct	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
28-Oct	V04.81	Z23	90471	OBGYN	Preventive Services & Vaccines	Immunization Admin	\$23.00
28-Oct	V04.81	Z23	90656	OBGYN	Preventive Services & Vaccines	Flu Vaccine N0 Preserv 3 & >	\$14.27
1-Nov			S9442	Alternative Provider	Preventive Services & Vaccines	Birthing class	-
8-Nov			S9442	Alternative Provider	Preventive Services & Vaccines	Birthing class	-

11-Nov	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
18-Nov	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
25-Nov	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
2-Dec	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
9-Dec				Inpatient Facility	Inpatient Hospital Care (Facility)	Inpatient Maternity Bundle (Bundled line items 4, 5, 34)	\$8,959.38
9-Dec	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
9-Dec	650, V27.0	O80, Z370	59443	Inpatient Facility	Preventive Services & Vaccines	Lactation class	-
10-Dec			99460	Inpatient Professional	Professional Services: Primary Care	Initial hospital or birthing center care, per day, for E/M of normal newborn infant	\$99.00
11-Dec			99460	Inpatient Professional	Professional Services: Primary Care	Initial hospital or birthing center care, per day, for E/M of normal newborn infant	\$99.00
11-Dec			OTC	Pharmacy Retail	Over-the-counter Drugs	Docusate sodium (OTC) [1 pill QD]	\$11.20
11-Dec			591346601	Pharmacy Retail	Prescription Drugs: Generic	Ibuprofen 800mg (Rx) [1 pill Q8H PRN; 60 pills]	\$11.69
11-Dec			378710401	Pharmacy Retail	Prescription Drugs: Generic	Oxycodone/APAP 5mg/325mg (Rx) [1 pill Q6H PRN; 15 pills]	\$6.45
23-Dec	V24.2	Z392	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-

11-Dec	V24.2	Z392	591346601	Pharmacy Retail	Prescription Drugs: Generic	Ibuprofen 800mg (Rx) [1 pill Q8H PRN; 60 pills]	\$11.69
11-Dec	V24.2	Z392	378710401	Pharmacy Retail	Prescription Drugs: Generic	Oxycodone/APAP 5mg/325mg (Rx) [1 pill Q6H PRN; 15 pills]	\$6.45
23-Dec	V24.2	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 \(e.g., case rate, per diems, percentage of billed charges, etc.\)](#)

The following are the provider types to use on the "Scenario" tab ~ "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.

Provider Type	What providers are covered under this Provider Type and other notes:
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Pharmacy Retail	
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OBGYN	
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Radiology	
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Alternative Provider	
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Inpatient Facility	
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Inpatient Professional	
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The following are the categories to use on the "Scenario" tab ~ "Category" column to classify each item and service so it rolls up to the same category in the Coverage Example label on the "Label and Assumptions" tab. This facilitates consistency between the "Scenario" tab and Coverage Example label.

Category	What services are covered under this Category and other notes:
Over-the-counter Drugs	
Diagnostic Services: Laboratory	
Professional Services: Obstetric Care (Bundled)	
Diagnostic Services: Radiology	
Preventive Services & Vaccines	
Inpatient Hospital Care (Facility)	

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