

**59G-4.264 Regional Perinatal Intensive Care Center Services.**

(1) This rule applies to any person or entity prescribing or reviewing a request for obstetrical and neonatal services provided in a regional perinatal intensive care center (RPICC), and to all physicians providing services in a RPICC who are enrolled in the Florida Medicaid program and rendering services in the fee-for-service delivery system.

(2) Definitions.

(a) High-Risk Pregnancy – A pregnancy in which the woman whose medical history and diagnosis indicates, without consideration of a previous cesarean section, that a normal uncomplicated pregnancy and delivery are unlikely to occur.

(b) Recipient – For the purpose of this rule, the term used to describe an individual enrolled in Florida Medicaid.

(3) Who Can Provide.

Physicians who are participants in the Department of Health’s Children’s Medical Services RPICC program and render inpatient hospital obstetrical and neonatal services to recipients in a designated RPICC facility.

(4) Coverage. Florida Medicaid reimburses for the following services performed by a physician in a RPICC facility:

(a) Obstetrical services for recipients with high-risk pregnancies.

(b) Up to 365 days of neonatal services when the recipient meets all of the following:

1. Is more than 20 weeks gestation.

2. Requires more than 48 hours of services.

3. Requires Level III intensive care as specified in rule 64C-6.003, Florida Administrative Code (F.A.C.).

(5) Documentation. Providers submitting an obstetrical antepartum or postpartum claim, or a neonatal transfer claim, must include a RPICC Entitlement Exception Report, June 2016, incorporated by reference, <http://www.flrules.org/Gateway/reference.asp?No=Ref-07022>, and completed using the University of Florida’s RPICC Data System at <https://esteps.med.ufl.edu/>, with each claim.

(6) Reimbursement.

(a) Florida Medicaid reimburses providers in accordance with the Florida Medicaid fee schedule(s) for RPICC services, incorporated by reference in rule 59G-4.002, F.A.C.

(b) Florida Medicaid apportions reimbursement among providers when a recipient is transferred between RPICC facilities based on the number of days a recipient receives services in each location. Providers must submit claims after the recipient is discharged from the last facility and ensure dates of service on the claim form(s) do not overlap.

*Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.905, 409.907, 409.908, 409.912, 409.913 FS. History—New 7-11-16.*