

Prenatal Class (Healthy Expectations) Billing Form

This form is for use by providers who are unable to bill on a standard HCFA 1500 or UB04.

Patient Name _____

Priority Health Contract # _____ DOB _____ / _____ / _____

Location of class

Facility Name _____

Address _____ City _____

TIN _____ NPI _____

Prenatal class type

- 99078 – Any service rendered by a physician in a group setting**
of units _____ Date of first class _____ / Date of last class _____
- S9436 – Childbirth preparation / Lamaze classes, non-physician provider, per session**
of units _____ Date of first class _____ / Date of last class _____
- S9437 – Childbirth refresher classes, non-physician provider, per session**
of units _____ Date of first class _____ / Date of last class _____
- S9438 – Cesarean birth classes, non-physician provider, per session**
of units _____ Date of first class _____ / Date of last class _____
- S9439 – VBAC (vaginal birth after cesarean) classes, non-physician provider, per session**
of units _____ Date of first class _____ / Date of last class _____
- S9442 – Birthing classes, non-physician provider, per session**
of units _____ Date of first class _____ / Date of last class _____
- S9443 – Lactation classes, non-physician provider, per session**
of units _____ Date of first class _____ / Date of last class _____
- S9444 – Parenting classes, non-physician provider, per session**
of units _____ Date of first class _____ / Date of last class _____
- S9445 – Patient education, not otherwise classified, non-physician provider, individual, per session**
(Multiple birth classes)
of units _____ Date of first class _____ / Date of last class _____
- S9446 – Patient education, not otherwise classified, non-physician provider, group, per session**
(Multiple birth classes)
of units _____ Date of first class _____ / Date of last class _____
- S9447 – Infant safety (including CPR) classes, non-physician provider, per session**
of units _____ Date of first class _____ / Date of last class _____

Billing information

Revenue Code – 942

Dx – V22.0 or V22.1

Fax completed forms to Claims at 616 942-0616.