

Fruit of the Womb
How to Use Quilted Health Billing Services

Quilted Health is a midwifery billing service with a long history and a high success rate in obtaining insurance pre-authorizations. If coverage is denied, an appeal is filed. They strongly encourage midwives to have their clients obtain a Verification of Benefits, as it makes the billing process run more smoothly.

Fees are as follows:

\$25 Verification of Benefits for Maternity care, for each insurance company.

\$50 for Gap Exceptions, if you ask them to do this step for you. Instructions to do it yourself at no additional cost are included below.

\$75 for maternity services billing

8% commission on reimbursement from the insurance company.

\$5 per claim charge for GYN, Lactation, Chiropractic, Acupuncture & Naturopathic visits, 10% commission.

They have a pretty strict protocol so that everything runs super smoothly.

This is how it goes:

1. Client completes this form for verification of benefits:

<https://forms.monday.com/forms/ed8d1d76da625dd62a57af8d1af82228?r=use1>

For midwife's name, use Caitlin Manela, this is Nets Manela's legal name.

2. Quilted Health sends an invoice to client for \$25, and the file goes to their amazing Benefits Specialist team.

3. Quilted Health emails midwife and client the results of the VOB.

4. If out of network services are not covered, a GAP Exception may be filed by client or Quilted Health. See instructions below.

4. A couple of weeks after the baby is born, midwife sends a super bill to Quilted Health, and Quilted Health sends the client an invoice for \$75. Once paid, the claim is filed within 5 business days.

5. Quilted Health follows up a claim persistently until it is completely processed to their liking, including filing appeals if needed.

6. Once a claim is paid, Quilted Health sends an invoice to the client for 8% of the reimbursement.

STEPS for Filing for a GAP Exception:

1. Call member services. Give your name and member ID.

2. Give provider name and business name:

Caitlin Manela, Fruit of the Womb, LLC

3. Give tax ID and NPI:

EIN 92-3631554

NPI 1568778322

4. State, "I'd like to get an in-network exception/GAP."

5. Purpose: "Geographical"

6. State: "There are no in-network home birth midwives (or birth center midwives, if applicable) within a 75 mile radius of my home".

7. (after you verify benefits) Let the rep know that you have already verified benefits and know that the policy DOES cover a midwife/homebirth/birth center birth (if applicable).

8. Also let rep know you have verified that there are NO participating (par) providers in the geographical area.

9. Give the codes we are looking to have approved:

CPT/Procedure codes: 59400 x 1, 59409 x 1, 99204 x 1, 99214 x 15, 99349 x 6, 99354 x 1, 99355 x 12, 99232 x 1, 99356 x 1, 99357 x 12, 59430 x 2, 59426 x 1.

Diagnosis codes/ ICD-10: Z34.80, O80 (that's an Oh 8 zero), Z39.2, Z39.1, O63.0, O63.1, O77.9

10. Ask for the start date to be the day you called and end date 8 weeks past the due date.

11. Get the rep's name and a REFERENCE NUMBER.

12. If GAP was denied, ask how to submit an appeal.

13. If approved, make sure they approved at the IN-NETWORK rate. Even if you were clear as day when making the request, they still sometimes input it as an out of network request.