



ADMINISTRATIVE POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Obstetrical Care-Hospital Inpatient Admissions-GA MCD-AD-1142	02/01/2023
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A.	Subject.....	2
B.	Background.....	2
C.	Definitions	2
D.	Policy	2
E.	Conditions of Coverage	2
F.	Related Policies/Rules.....	2
G.	Review/Revision History	3
H.	References	3

A. Subject

Obstetrical Care-Hospital Inpatient Admissions

B. Background

Obstetrical care refers to the health care treatment given in relation to pregnancy and delivery of a newborn child. This includes care during the prenatal period, labor, birthing, and the postpartum period. CareSource covers obstetrical services members receive in a hospital or birthing center as well as all associated outpatient services. The services provided must be appropriate to the specific medical needs of the member.

C. Definitions

- **Induction of labor** - The use of pharmacological and/or mechanical methods to initiate labor.
- **Time of the onset of labor** - When regular uterine contractions begin resulting in labor. This can be with or without pharmacological and/or mechanical interventions.

D. Policy

I. Prior to the elective induction of labor before 39 weeks or inpatient admission for pregnancy related illness:

- A. A prior authorization (PA) is required.
- B. Medical necessity is based on MCG.

II. For active/spontaneous onset of labor:

- A. Hospital admissions do NOT require a PA.
- B. Medical necessity determination is the responsibility of the provider.

III. For post-delivery hospital stays:

- A. CareSource supports the following federal guidelines:
 1. 2 day stay for mother and newborn after a vaginal delivery.
 2. 4 day stay for mother and newborn after a cesarean delivery.
- B. A medical necessity review is required if a newborn is admitted to the special care nursery or neonatal intensive care unit (NICU). Documentation should support medical necessity.
- C. Medical necessity is based on MCG.

E. Conditions of Coverage

N/A

F. Related Policies/Rules

N/A



G. Review/Revision History

	DATES	ACTION
Date Issued	09/01/2021	
Date Revised	09/14/2022	Annual review completed. References updated.
Date Effective	02/01/2023	
Date Archived		

H. References

1. American College of Obstetricians and Gynecologists. Hospital based triage of obstetric patients. Committee Opinion 667 (July, 2016). Retrieved August 29, 2022 from www.acog.org.
2. Centers for Medicare and Medicaid (n.d.). 33-24-28.2. Newborns and Mothers' Health Protection Act. Retrieved 08/29/2022 from <https://www.cms.gov>.
3. Official Code of Georgia Annotated (2019). 33-24-58.2 Newborn Baby and Mother Protection Act – Minimum health benefit policy coverage; prohibited actions by insurance providers; required notice to mother. Retrieved 08/29/2022 from <https://law.justia.com>.

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