



**MEDICAL POLICY STATEMENT
OHIO MEDICAID**

Policy Name	Policy Number	Date Effective
Obstetrical Care - Hospital Inpatient Admissions	MM-0897	4/1/2020-12/31/2021
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) 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.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) 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 Medical Policy Statement. If there is a conflict between the Medical 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.

Table of Contents

- A. Subject..... 2
- B. Background..... 2
- C. Definitions..... 2
- D. Policy..... 2
- E. Conditions of Coverage..... 3
- F. Related Polices/Rules..... 3
- 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 include 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 all associated outpatient services. The services provided must be appropriate to the specific medical needs of the member.

C. Definitions

- **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.
- **Induction of labor:** The use of pharmacological and/or mechanical methods that are utilized to initiate labor.

D. Policy

- I. A prior authorization is required for elective induction of labor for any member that is less than 39 weeks gestation.
- II. Active/spontaneous onset of labor
 - A. Hospital admissions require a newborn notification.
 - B. Medical necessity is the responsibility of the provider.

NOTE: Although this does not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

III. Post-delivery hospital stays

- A. A medical necessity review is required if a newborn or mother stays more than 2 days after vaginal delivery. Documentation must support medical necessity.
- B. A medical necessity review is required if a newborn or mother stays more than 4 days after cesarean section delivery. Documentation must support medical necessity.
- C. A medical necessity review is required if a newborn is admitted to the NICU. Documentation must support medical necessity.
- D. Medical necessity is based on MCG.



E. Conditions of Coverage

F. Related Policies/Rules

G. Review/Revision History

	DATE	ACTION
Date Issued	12/11/2019	New policy
Date Revised		
Date Effective	4/1/2020	
Date Archived	12/31/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. References

1. American College of Obstetricians and Gynecologists (2014). Retrieved on 8/15/2019 from <https://www.acog.org/-/media/Departments/Patient-Safety-and-Quality-Improvement/2014reVITALizeObstetricDataDefinitionsV10.pdf>
2. Centers for Medicare and Medicaid (n.d.). 33-24-28.2. Newborns' and Mothers' Health Protection Act. Retrieved 8/15/2019 from https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/nmhpa_factsheet.html

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.