

Maternity Care

Benefit Coverage

Prenatal and postnatal physician office visits, including prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures in cases of high-risk pregnancy. All necessary inpatient hospital services for normal delivery, Cesarean section, complications of pregnancy and routine newborn circumcision.

The Newborns and Mothers Health Protection Act of 1997 requires health plans to provide a minimum hospital stay for the mother and newborn child of 48 hours after a normal vaginal delivery. A minimum hospital stay for the mother and newborn child of 96 hours is required after a C-section unless the attending physician, in consultation with the mother, determines a shorter hospital length of stay is adequate.

Note: If the mother is not covered as a subscriber or spouse by the Blue Shield HMO plan, and the newborn qualifies as a dependent of the subscriber, newborn nursery charges are eligible for coverage for the first 31 days under the subscriber's inpatient hospital benefits, subject to standard Coordination of Benefit rules as applicable. This coverage applies regardless of whether the newborn is added to the subscriber's plan.

California law requires coverage for a follow-up visit for the mother and newborn within 48 hours of discharge when prescribed by the treating physician, if the hospital stay is less than 48 hours after a normal, vaginal delivery or less than 96 hours after a C-section. This visit shall be provided by a licensed health care provider whose scope of practice includes postpartum and newborn care. The treating physician, in consultation with the mother, shall determine if the visit shall occur at home, the contracted facility, or the physician's office.

Members may arrange for maternity physician services directly from an OB/GYN who is in the same IPA/medical group as her Primary Care Physician.

OB Checks (Facility-Based)

Non-Emergent

The member is not responsible for any copayment, as these services are considered diagnostic.

Emergent

The member is responsible for an emergency room copayment unless admitted within twelve hours.

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Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Pregnancy and Maternity Care

Benefit Exclusions

Services incident to or resulting from procedures for a surrogate mother who is not eligible under a Blue Shield health plan.

Services for a newborn of a dependent unless legally adopted by the subscriber and added to the plan.

Benefit Limitations

Certified nurse midwife services are covered only when available within the IPA/medical group network.

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Examples of Covered Services

- Prenatal care
- Postnatal care
- Involuntary complications of pregnancy
- Inpatient Hospital services including labor, delivery, and postpartum care
- Elective newborn circumcision within 18 months of birth
- Pregnancy termination services
- Newborn screening for metabolic disorders and Alpha Fetoprotein Screening (AFP)
- Services provided by a certified nurse midwife when available within the IPA/medical group network
- Diagnostic testing
 - Amniocentesis
 - Blood test to determine pregnancy
 - Chorionic Villus Sampling/CVS
 - Fetal contraction stress test (a.k.a. fetal monitoring)
 - Fetal non-stress test (a.k.a. fetal monitoring)
- Genetic counseling
- Lactation counseling by a licensed provider
- Ultrasound
- Diagnostic procedures

Examples of Non-Covered Services

- Amniocentesis that is not medically necessary or that is performed solely for sex determination
- Blood tests to determine paternity
- Experimental/Investigational services

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References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Newborns

Health & Safety Code Section 1367.62