

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	MATERNITY AND NEWBORN CARE
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses prenatal and postnatal care, inpatient maternity care, and newborn care. Refer to Benefit Interpretation <b><u>Marketplace Global Maternity Billing Guidelines</u></b></p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <p><b>Essential Health Benefits for Individual and Small Group</b>        For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>A. FEDERAL/STATE MANDATED REGULATIONS</b> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>FEDERAL:</b></p>

[The Newborns' and Mothers' Health Protection Act of 1996 \(NMHPA\)](#) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth.

**CALIFORNIA:**

**[Newborns' and Mothers' Health Protection Act \(NMHPA\) of 1996,](#)**

**Title VI:** Minimum Hospital Stay - Molina Marketplace and its contracted providers may not restrict the benefits for any hospital length of stay for a mother and her newborn to less than 48 hours following a vaginal delivery and 96 hours following a Cesarean Section (C-Section). Protections for health plans include allowance of discharge before 48–96 hours if the attending physician, in consultation with the mother, makes the decision.

Title VII of the Civil Rights Act, as amended by the [Pregnancy Discrimination Act: 42 U.S. Code § 2000e](#)

[California Health and Safety Code § 1367.695](#)- Direct Access to OB - GYN

[California Health and Safety Code §1367.54](#)

**California Expanded AFP Screening Program Update Prenatal Screening Program Expansion: Inclusion of First Trimester Specimens for Sequential Screening**

The California Prenatal Screening Program (currently the Expanded AFP Screening Program) is pleased to announce a program expansion to include first trimester specimens and Nuchal Translucency (NT) results beginning in late March 2009. This will allow the California Program to provide Integrated Screening for Down syndrome and Trisomy 18. A patient's screening options for the chromosomal abnormalities will be:

- Quad Marker Screening
- Serum Integrated Screening
- Sequential Screening

[California Code of Regulations Title 28 § 1300.67](#): Scope of Basic Health Care Services

[California Health and Safety Code 1357.500](#)

**California Code of Regulations; § 599.500- Definitions**

For the purposes of this subchapter:

- (a) Terms used in this subchapter that are defined by the Public Employees' Medical and Hospital Care Act (Title 2, Division 5, Part 5 (commencing with Section 22750) of the Government Code) shall have the meanings therein set forth.
- (n) A "child," as described in Government Code section 22775, means an adopted, step, or recognized natural child until attainment of age 26, unless the child is disabled as described in section 599.500, subdivision (p).
- (o) In addition to a "child" as described in Government Code section 22775, "family member" also includes any child for whom the employee or annuitant has assumed a parent-child relationship (PCR), in lieu of the relationship described in subdivision (n), as indicated by intentional assumption of parental status, or assumption of parental duties by the employee or annuitant, as certified by the employee or annuitant at the time of enrollment of the child, and annually thereafter up to the age of 26, unless the child is disabled as described in section 599.500, subdivision (p). This section should not be construed to include foster children.
- (p) "Disabled child," means a child, as described in Government Code section 22775 and section 599.500, subdivision (n) or (o), who at the time of attaining age 26, is incapable of self-support because of a physical or mental disability which existed continuously from a date prior to attainment of age 26 and who is enrolled pursuant to section 599.501, subdivisions (f) and (g), until termination of such incapacity.

[California Health & Safety Code 1373\(c\)](#)

[California Health & Safety Code 1367.62](#)

[California Health & Safety Code § 1367.002](#)- Well baby visits and care

**FLORIDA:**

Individual – Fla. Stat. § [627.6496](#); HMO Contract - Fla. Stat. § [641.31\(18\)](#)  
- Maternity Care: Length of stay and post-delivery care

**IDAHO:**

Maternity Minimum Stay

[41-3923\(5\)](#)

[ID Admin Code 18.01.07](#)

Federal requirements in Newborns' and Mothers' Health Protection Act (P.L. 104-204)

**ILLINOIS:**

50 Ill. Admin. Code 5421.130(e); Amended at 38 Ill. Reg. 23437, effective November 25, 2014 Recodified to [4521.130\(e\) at 41 Ill. Reg. 4985](#) - Maternity including prenatal and post-natal care  
[50 Ill. Admin. Code 2603.30\(11\)](#)- Maternity– complications of pregnancy  
[215 ILCS 5/356s](#); [215 ILCS 125/4-6.4](#)- Maternity– postpartum care  
[P.A. 92-130](#)- Maternity– prenatal HIV testing  
[215 ILCS 5/356z.1](#)- Maternity– prenatal HIV testing  
[215 ILCS 125/4-6.5](#)- Maternity– prenatal HIV testing

**KENTUCKY:**

[Ky. Rev. Stat. § 304.17A-139](#): Family or dependents coverage to apply to newly born child from moment of birth and to include inherited metabolic diseases – Requirement for notification and payment of premium -- Coverage for milk fortifiers to prevent enterocolitis.  
[Ky. Rev. Stat. § 304.17-042](#); [Ky. Rev. Stat. § 304.38-199](#): Coverage for newly born children from moment of birth.  
[Ky. Rev. Stat. § 304.17A-145](#): Minimum inpatient post-delivery care for a mother and her newly-born child  
[Ky. Rev. Stat. § 304.17A-647](#): OB/GYN annual visit  
[Kentucky Office of Insurance Advisory Opinion 2005-07](#): Newborn Coverage

**MISSISSIPPI:**

[Mississippi Department of Insurance Regulation 2000-2 Newborns' and Mothers' Health Protection](#)- Newborn Coverage Hospital Stays

**NEW MEXICO:**

[NMSA 59A-22-34.4](#); [NMSA 59A-46-38.4](#)- Coverage of Circumcision for Newborn Males

[NMSA 59A-22-35](#); [NMSA 59A-46-39](#)- Maternity Transport Required

[NMSA 59A-22-45](#); [NMSA 59A-46-46](#)- Coverage of Alpha-Fetoprotein IV Screening Test- Alpha-fetoprotein screening is a blood test that checks the level of alpha-fetoprotein in the mother's blood during pregnancy

**OHIO:**

[Ohio Rev. Code § 1751.67](#): Maternity benefits  
[Ohio Rev. Code § 3923.63](#): Delivery and all inpatient services for maternity care  
[Ohio Rev. Code § 1751.01\(A\)\(1\)\(h\)](#); [Ohio Rev. Code § 3923.55](#): Well baby visits and care

**TEXAS:**

**Newborns' and Mothers' Health Protection Act (NMHPA) of 1996, Title VI:**

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/nmhpafactsheet.html>

<https://www.eeoc.gov/eeoc/publications/fs-preg.cfm>

[Texas Health and Safety Code § 81.090](#)- Diagnostic Testing During Pregnancy and After Birth

Texas Insurance Code Section 1366

[Sec. 1366.055](#)- Coverage for Inpatient Care Required. Minimum Inpatient Stay Following Birth of Child and Postdelivery Care

[Sec. 1366.057](#)- Prohibited Conduct

[1201.06, 1201.062, 1201.063, 1201.064.](#)

[28 TAC 21.404\(6\)](#)- Women's Health - Pregnancy

[28 TAC 21.405](#)- Women's Health - Pregnancy, Complications

[28 TAC Section 11.508\(b\)\(2\)](#)- Women's Health - Pregnancy, Maternity Minimum Stay (If Maternity Is Covered)

Texas Administrative Code [§11.1600](#) OB/GYN Direct Access

**UTAH:**

[31A-22-610.2](#)- Maternity Minimum Stay

**WASHINGTON:**

**Newborns' and Mothers' Health Protection Act (NMHPA) of 1996, Title VI:**

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/nmhpafactsheet.html>

<https://www.eeoc.gov/eeoc/publications/fs-preg.cfm>

[RCW 48.43.115](#)- Maternity services - Intent-Definitions -Patient preference Clinical sovereignty of provider-Notice to policyholders-Application

[RCW 48.42.100\(2\) and \(3\)](#)-Women's Health Care Services-Duties of Health Care Carriers

[WAC 284-170-350 \(1\)\(a\) and \(b\)](#)- Issuer Standards for Women's Right To Directly Access Certain Health Care Practitioners For Women's Health Care Services

[WAC 246-680-020](#)- Board of Health Standards for Screening and Diagnostic Tests During Pregnancy

[RCW 48.44.440](#): Phenylketonuria

[RCW 48.43.041\(1\)\(a\)](#)- Maternity services and prescription drug coverage for maternity services

**WISCONSIN:**

[632.895 Section 5](#)- Coverage of Newborn Infants

**B. STATE MARKET PLAN ENHANCEMENTS**

None

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**NEWBORN CARE**

**CALIFORNIA, FLORIDA, MICHIGAN, MISSISSIPPI, SOUTH CAROLINA, TEXAS, WASHINGTON:**

**Newborn Child:** A newborn child of a Subscriber is eligible as a Dependent at birth. A newborn is initially covered for 31 days, including the date of birth. A newborn child is eligible to continue enrollment if they enrolled with Molina within 60 days.

**ILLINOIS:**

**Newborn Child:** A newborn child of a Subscriber is eligible as a Dependent at birth. A newborn is automatically covered from the moment of birth through the first 31 days. A newborn child is eligible to continue enrollment if they enrolled with Molina within 60 days.

**KENTUCKY:**

**Newborn Child:** A newborn child of a Subscriber is eligible as a Dependent at birth. A newborn is automatically covered for 31 days, including the date of birth. A newborn child is eligible to continue enrollment if they enrolled with Passport within 60 days. Covered Services includes treatment for injury or sickness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. Covered Services include a 100% human diet to supplement the mother's breast milk or donor milk with a milk fortifier if the diet is:

1. Prescribed for the prevention of necrotizing enterocolitis and associated comorbidities; and
2. Administered under the direction of a doctor.

"100% human diet" means supplementing the mother's expressed breast milk or donor milk with a milk fortifier. "Milk fortifier" means a commercially prepared human milk fortifier made from concentrated 100% human milk.

**NEW MEXICO:**

**Newborn Child:** A newborn child of a Subscriber is eligible as a Dependent at birth. A newborn is automatically covered for 31 days, including the date of birth. A newborn child is eligible to continue enrollment if they are enrolled within Molina within 60 days. Notification of birth of a newly born child and payment of the required premium must be furnished to beWellnm within thirty-one days after the date of birth in order to have the coverage from birth.

**OHIO:**

**Adopted or Newborn Child:** A newborn child of a Subscriber is eligible as a Dependent at birth or the date of adoption placement. A newborn is initially covered for 31 days, including the date of birth. A newborn child is eligible to continue enrollment if they enrolled with Molina within 60 days of any birth or adoption placement.

**IDAHO, UTAH, WISCONSIN:**

Newborn child of a Subscriber is eligible as a Dependent at birth. A newborn is automatically covered for 60 days, including the date of birth. A newborn child is eligible to continue enrollment if they enrolled within Molina within 60 days.

**Additional to the above:**

**WI:**

If a Member fails to make any required payment beyond the 60-day period, coverage will not continue, unless the Member makes all past due payments and in addition pays interest on such payments at the rate of five and one-half (5.5) percent.

**ALL STATES EXCEPT KENTUCKY:**

**Please note:** Claims for newborns for eligible Covered Services will be processed as part of the mother’s claims and any Deductible or OOPM amounts satisfied through the processing of such a newborn’s claims will accrue as part of the mother’s Deductible and OOPM. However, if an enrollment file is received for the newborn during the first 31 days, the newborn will be added as a Dependent as of the date of birth, and any claims incurred by the newborn will be processed as part of the newborn’s claims, and any Deductible or OOPM amounts satisfied through the processing of these claims will accrue as part of the newborn’s individual Deductible or OOPM (i.e., not under the enrolled mother’s Deductible and OOPM).

A newborn’s claim is a claim in which the newborn child is identified as the individual receiving services.

**KENTUCKY:**

**Please note:** Claims for newborns for eligible Covered Services will be processed as part of the mother’s claims and any Deductible or OOPM amounts satisfied through the processing of such a newborn’s claims will accrue as part of the mother’s Deductible and OOPM.

**CIRCUMCISION**

**NEW MEXICO:**

**Circumcision of Newborn Males:** Circumcision of newborn males whether the child is the Member’s newly born natural, adopted child, or foster child.

**ALL OTHER MP STATES:**

**Circumcision of Newborn Males:** Molina and Passport cover circumcision of newborn males

**PREGNANCY AND MATERNITY**

**CALIFORNIA:**

For prenatal care, Members may choose any Molina Participating Provider who is either an obstetrician/gynecologist (OB/GYN), certified nurse midwife, or nurse practitioner who is trained in women’s health. Molina covers the following maternity care services:

- Outpatient maternity care including Medically Necessary supplies for a home birth
- Services for complications of pregnancy, including fetal distress, gestational diabetes, and toxemia. “Complications of pregnancy” means a condition due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the



mother or the fetus. Morning sickness and a non-emergency caesarean section are not complications of pregnancy.

- Screening for maternal mental health conditions
- Laboratory services, including prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures in cases of high-risk pregnancy
- Inpatient hospital care and birthing center care for 48 hours after a normal vaginal delivery or 96 hours following a delivery by Cesarean section (C-section). Longer stays require that Members or Member's provider notifies Molina.

After talking with a Member, if the Member's Provider decides to discharge the Member and their newborn before the 48- or 96-hour period, Molina will cover post-discharge services and laboratory services. Preventive, primary care, and laboratory services Cost Sharing will apply to post-discharge services, as applicable.

**FLORIDA:**

**Pregnancy and Maternity:** For prenatal care, Members may choose any Molina Participating Provider who is either an obstetrician/gynecologist (OB/GYN), certified nurse midwife, or nurse practitioner who is trained in women's health. Molina covers the following maternity care services:

- Outpatient maternity care including Medically Necessary supplies for a home birth
- Services for complications of pregnancy, including fetal distress, gestational diabetes and toxemia;
- Laboratory services
- Inpatient hospital care for 48 hours after a normal vaginal delivery or 96 hours following a delivery by Cesarean section (C-section). Longer stays require that Members or Member's Provider notifies Molina.
- Services provided by licensed birthing centers and by certified nurse-midwives and licensed midwives working within the scope of their licenses

After talking with a Member, if the Member's Provider decides to discharge the Member and her newborn before the 48- or 96-hour period, Molina will cover post discharge services and laboratory services. Preventive, primary care, and laboratory services will apply to post discharge services, as applicable. Molina does not cover services for anyone in connection with a surrogacy arrangement, except for otherwise Covered Services provided to a Member who is a surrogate.

**IDAHO:**

**Pregnancy and Maternity:** For prenatal care, Members may choose any Molina Participating Provider who is either an obstetrician/gynecologist (OB/GYN), certified nurse midwife, or nurse practitioner who is trained in women's health. Molina cover the following maternity care services:

- Outpatient maternity care including Medically Necessary supplies for a home birth
- Services for involuntary complications of pregnancy, including conditions, requiring hospital confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, but not false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia and toxemia.
- Laboratory services
- Inpatient Hospital care for 48 hours after a normal vaginal delivery or 96 hours following a delivery by Cesarean section (C-section). Longer stays require that Members or Member's provider notifies Molina.

After talking with a Member if the Member's Provider decides to discharge the Member and their newborn before the 48- or 96-hour period, Molina will cover post discharge services and laboratory services. Preventive, primary care, and Laboratory Services will apply to post discharge services, as applicable. Molina does not cover services for anyone in connection with a surrogacy arrangement, except for otherwise Covered Services provided to a Member who is a surrogate.

**ILLINOIS:**

**Pregnancy and Maternity:** For prenatal care, Members may choose any Molina Participating Provider who is either an obstetrician/gynecologist (OB/GYN), certified nurse midwife, or nurse practitioner who is trained in women's health. Molina cover the following maternity care services:

- Outpatient maternity care including Medically Necessary supplies for a home birth
- Services for complications of pregnancy, including fetal distress, gestational diabetes and toxemia;
- Laboratory services;

- Inpatient hospital care for 48 hours after a normal vaginal delivery or 96 hours following a delivery by Cesarean section (C-section). Longer stays require that the Member or the Member’s provider notifies Molina.

After talking with a Member, if the Member’s Provider decides to discharge the Member and their newborn before the 48- or 96-hour period, Molina will cover post discharge services and laboratory services. Preventive, primary care, and laboratory services will apply to post discharge services, as applicable. Molina does not cover services for anyone in connection with a surrogacy arrangement.

Pasteurized donated human breast milk, which may include human milk fortifiers, is covered if indicated by a prescribing licensed medical practitioner and other conditions of prior authorization are met.

**KENTUCKY:**

**Pregnancy and Maternity:** For prenatal care, Members may choose any Passport Participating Provider who is either an obstetrician/gynecologist (OB/GYN), certified nurse midwife, or nurse practitioner who is trained in women’s health. Passport covers the following maternity care services:

- Outpatient maternity care including Medically Necessary supplies for a home birth;
- Services for complications of pregnancy, including fetal distress, gestational diabetes, and toxemia;
- Routine nursery care for a newborn;
- Services following a miscarriage;
- Laboratory services; and
- Inpatient hospital care for 48 hours after a normal vaginal delivery or 96 hours following a delivery by Cesarean section (C-section). Longer stays require that Members or Member’s provider notifies Passport.

After talking with a Member, if the Member’s Provider decides to discharge the Member and their newborn before the 48- or 96-hour period, Passport will cover post discharge services and laboratory services. Coverage for a length of stay begins at the time of delivery, if delivery occurs in a Hospital, or at the time of admission in connection with childbirth if delivery occurs outside of a Hospital. Preventive, primary care, and laboratory services will apply to post discharge services, as applicable. Passport does not cover services for anyone in connection with a surrogacy arrangement.

**MICHIGAN, MISSISSIPPI, TEXAS, UTAH, WISCONSIN:**

**Pregnancy and Maternity:** For prenatal care, Members may choose any Molina Participating Provider who is either an obstetrician/gynecologist

(OB/GYN), certified nurse midwife, or nurse practitioner who is trained in women’s health. Molina covers the following maternity care services:

- Outpatient maternity care including Medically Necessary supplies for a home birth
- Services for complications of pregnancy, including fetal distress, gestational diabetes, and toxemia. “Complications of pregnancy” means a condition due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section are not complications of pregnancy.
- Laboratory services, including prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures in cases of high-risk pregnancy
- Inpatient hospital care and birthing center care for 48 hours after a normal vaginal delivery or 96 hours following a delivery by Cesarean section (C-section). Longer stays require that Members or Member’s provider notifies Molina.

After talking with a Member, if the Member’s Provider decides to discharge the Member and their newborn before the 48- or 96-hour period, Molina will cover post-discharge services and laboratory services. Preventive, primary care, and laboratory services Cost Sharing will apply to post-discharge services, as applicable.

**ADDITIONAL TO THE ABOVE**

**MICHIGAN: Health Education:** Molina covers the following health educational services:

- Maternity classes

**MISSISSIPPI:** Newborn coverage hospital stays” are a required benefit in the state of MS.

**WISCONSIN:** Congenital defects and birth abnormalities are a required benefit in the state of WI.

**NEW MEXICO:**

**Pregnancy and Maternity:** For prenatal care, Members may choose any Molina Participating Provider who is either an obstetrician/gynecologist (OB/GYN), certified nurse midwife, or nurse practitioner who is trained in women’s health. Molina covers the following maternity care services:

- Outpatient maternity care including Medically Necessary supplies for a home birth

- Services for complications of pregnancy, including fetal distress, gestational diabetes, and toxemia. “Complications of pregnancy” means a condition due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section are not complications of pregnancy.
- Laboratory services that are medically necessary
- Inpatient hospital care and birthing center care for 48 hours after a normal vaginal delivery or 96 hours following a delivery by Cesarean section (C-section). Longer stays require that Members or Member’s provider notifies Molina.
- When necessary to protect the life of the infant or mother, Molina covers transportation, including air transport, for the medically high-risk pregnant woman with an impending delivery of a potentially viable infant to the nearest available tertiary care facility as defined by state law. Prenatal care includes medically necessary nutritional supplements prescribed by the expectant mother’s obstetrician-gynecologist, or other approved health care professional from whom the expectant mother is receiving prenatal care.
- Alpha-fetoprotein IV screening test for pregnant women, generally between sixteen and twenty weeks of pregnancy, to screen for certain genetic abnormalities in the fetus.
- Minimum of 3 home visits, parent education, assistance and training in breast and bottle feeding, and the performance of any necessary and appropriate clinical tests as required by state law.

After talking with a Member, the Member’s Provider decides to discharge the Member and their newborn before the 48- or 96-hour period, Molina will cover post discharge services and laboratory services. Any decision to shorten the period of inpatient care for the mother or the newborn must be made by the attending Participating Provider. It must be based on Medical Necessity and in consultation with the mother. If the hospitalization period is shortened, then at least 3 home care visits will be provided. Preventive, primary care, and Laboratory Services will apply to post discharge services, as applicable. Molina does not cover services for anyone in connection with a surrogacy arrangement.

**Family, Infant and Toddler (FIT) Program:** Molina provides coverage to Dependent children, from birth through three years of age, who qualify for services through the Family, Infant, and Toddler (FIT) Program. The FIT Program is administered by the New Mexico Department of Health. The program provides intervention services for children who have or are at risk for early

developmental delays and/or disabilities. Molina covers Medically Necessary early intervention services provided as part of an individualized family plan to Dependent children who are enrolled in the FIT Program with the New Mexico State Department of Health. They must receive such services from designated and approved FIT Program providers. Coverage and services are provided as defined in the requirements for the FIT Program Early Intervention Services under New Mexico law.

The maximum benefit is \$3,500 per Dependent and enrolled child during each calendar year. Outpatient Office Visit Cost Sharing will apply.

No payments under this section are applied to any maximums or annual limits under this Agreement.

**OHIO:**

**Pregnancy and Maternity:** For prenatal care, Members may choose any Molina Participating Provider who is either an obstetrician/gynecologist (OB/GYN), certified nurse midwife, or nurse practitioner who is trained in women's health. The coverage shall apply to services provided in a medical setting or through home healthcare visits. The coverage shall apply to a home healthcare visit only if the Provider who conducts the visit is knowledgeable and experienced in maternity and newborn care. Outpatient maternity and newborn care includes:

- Outpatient maternity care including Medically Necessary supplies for a home birth
- Services for complications of pregnancy, including fetal distress, gestational diabetes and toxemia;
- Related laboratory services
- Inpatient Hospital care for 48 hours after a normal vaginal delivery or 96 hours following a delivery by Cesarean section (C-section). Longer stays require that Members or Member's Provider notifies Molina.
- Routine nursery care for newborns

After consulting with the Member, if the Member's Provider decides to discharge the Member and their newborn before the 48- or 96-hour period, Molina will cover post discharge services and laboratory services. Preventive, primary care, and laboratory services will apply to post discharge services, as applicable. Molina does not cover services for anyone in connection with a surrogacy arrangement, except for otherwise Covered Services provided to a Member who is a surrogate.

Molina also covers Provider directed follow-up care including:

- Physical assessment of the mother and newborn
- Parent education

- Assistance and training in breast or bottle feeding
- Assessment of the home support system
- Performance of any Medically Necessary and appropriate clinical tests
- Any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric, and nursing professionals.

**SOUTH CAROLINA:**

**Pregnancy and Maternity:** For prenatal care, Members may choose any Molina Participating Provider who is either an obstetrician/gynecologist (OB/GYN), certified nurse midwife, or nurse practitioner who is trained in women's health. Molina covers the following maternity care services:

- Outpatient maternity care including Medically Necessary supplies for a home birth
- Services for complications of pregnancy, including fetal distress, gestational diabetes and toxemia;
- Laboratory services
- Inpatient hospital care without Prior Authorization for 48 hours after a normal vaginal delivery, not including the day of delivery, or 96 hours following a delivery by Cesarean section (C-section), not including the day of surgery. Longer stays require that Members or Member's Provider notifies Molina.

After talking with a Member, if the Member's Provider decides to discharge the Member and her newborn before the 48-or 96-hour period, Molina will cover post discharge services and laboratory services. Preventive, primary care, and laboratory services will apply to post discharge services, as applicable. Molina does not cover services for anyone in connection with a surrogacy arrangement.

**WASHINGTON:**

**PREGNANCY AND MATERNITY:** Molina covers medical, surgical and hospital care during the term of pregnancy, which includes coverage for a dependent daughter. This includes prenatal, intrapartum, and perinatal care, upon delivery for normal delivery, spontaneous abortion (miscarriage) and complications of pregnancy.

We cover the following maternity care services related to labor and delivery:

- Inpatient hospital care and birthing center care, including care from a Certified Nurse Midwife, for 48 hours after a normal vaginal delivery. It also includes care for 96 hours following a delivery by

Cesarean section (C-section). Longer stays need to be Authorized by Molina Please refer to “Maternity Care” in the “Inpatient Hospital Services” section of the Molina Healthcare of Washington, Inc. Summary of Benefits for the Cost Sharing that will apply to these services.

- If the Member’s Provider, after consulting the Member, decides to discharge the member and their newborn before the 48 or 96 hour time period, Molina will cover post discharge services and laboratory services. Any decision to shorten the period of inpatient care for the mother or the newborn must be made by the attending Participating Provider. It must be based on Medical Necessity and in consultation with the mother. If the hospitalization period is shortened, then at least 3 home care visits will be provided. You and Your physician may agree that 1 or 2 visits are sufficient. Home care includes parent education, assistance and training in breast and bottle-feeding, and the administering of any appropriate clinical tests. Preventive Care Cost Sharing or Primary Care Cost Sharing will apply to post discharge services, as applicable. Also, laboratory tests Cost Sharing will apply to laboratory services.
- Nursery services and supplies for newborns, including newly adopted children;
- If a Member is medically high-risk pregnant individual about to deliver a baby, Molina will cover transportation, including air transport, to the nearest appropriate health care facility when necessary to protect the life of the newborn or the member.
- Prenatal diagnosis of congenital disorders by screening and/or diagnostic procedures if medically necessary.

### **MORE INFORMATION**

Refer to the Benefit Interpretation Policies titled **Family Planning (Birth Control) and Infertility (IVF)**

Refer to the Benefit Interpretation Policy titled **Home Health** for Maternity Home-Based Codes

#### **D. NOT COVERED**

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

#### **E. REFERENCES**



	<p><b>American College of Obstetricians and Gynecologists (ACOG),</b> Committee on Obstetric Practice. Fetal fibronectin preterm labor risk test. ACOG Committee Opinion No. 187. Washington, DC: ACOG; September 1997.</p> <p><b>Newborns' and Mothers' Health Protection Act (NMHPA) of 1996, Title VI</b></p> <p><b>F. DEFINITIONS</b></p> <p><a href="#">See Glossary</a></p> <p><b>G. POLICY HISTORY/REVISION INFORMATION</b></p> <table border="1" data-bbox="467 737 1360 978"> <thead> <tr> <th>Date</th> <th>Action/Description</th> </tr> </thead> <tbody> <tr> <td>4/15/2021</td> <td> <ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul> </td> </tr> <tr> <td>5/14/2021</td> <td> <ul style="list-style-type: none"> <li>Added IL 2022 Drafted Language</li> </ul> </td> </tr> </tbody> </table>	Date	Action/Description	4/15/2021	<ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul>	5/14/2021	<ul style="list-style-type: none"> <li>Added IL 2022 Drafted Language</li> </ul>
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<p>Procedure Codes (Internal Use Only)</p>	<p>Refer to the Benefit Interpretation Policy titled <b>Home Health</b> for Maternity Home-Based Codes</p> <p><b>Coding Disclaimer:</b> Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>						
<p>Prior Authorization</p>	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> <li>Covered and No PA Required</li> <li>Not Covered</li> </ol> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p>						

	<a href="#">PA Lookup Tool</a>			
Approval	Departments	Product	CIM	Clinical Management
	Date	2/18/2021	5/18/2021	4/7/2021
	Revised (for 1/1/2022)	11/9/2021		11/9/2021