

Medical Policy:

Direct Access OB/GYN Services

Effective Date: 04/19/99

Revised: June 2000, Feb 2007; 11/1/11; 4/16/12

Reviewed/No Updates: 1/28/13; 2/13/14; 2/12/15;

2/12/16; 2/9/17; 2/8/18; 2/14/19; 2/13/20

Reviewed/Updated: 5/11/15

Policy:

The Ventura County Health Care Plan (VCHCP) encourages its members to choose a Primary Care Physician (PCP) who can provide a broad range of services, including routine physical examinations. Nonetheless, in accordance with § 1367.695 of the California Health & Safety Code, it is the policy of the Ventura County Health Care Plan (VCHCP) that female members may refer themselves to contracted obstetricians/gynecologists (OB/GYN) or to selected Family Practice Physicians for the purpose of obtaining most obstetrical and/or gynecological services. The Plan will maintain a list of the participating providers for Direct Access OB/GYN Services. Plan prior authorization is required for all other providers.

Such services are limited to those commonly understood to be of an obstetrical or gynecological nature, which are defined more specifically below. Abnormalities found during such visits are to be discussed with the patient. The Provider shall forward a written report to the member's PCP for all care rendered. This written communication requirement does not apply to the supervision of a normal pregnancy.

SERVICES COVERED FOR DIRECT ACCESS OB/GYN

Obstetrical and gynecological services such as pregnancy, well-woman gynecological exams, primary and preventive gynecological care and acute gynecological conditions. Cervical cancer screening shall include the conventional Pap test, human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA) and the option of any cervical cancer screening test approved by the FDA and will be covered based on the frequency recommended in the Plan's most recently adopted Preventive Health Guidelines.

The below conditions may be treated upon Member self-referral, subject to the exclusions in the section following:

- Genital Herpes (054.1)
- Syphilis and other Venereal Diseases of Female Genitourinary Sites (91.0-.5,98.0-.39,99)
- Malignant Neoplasm of Female Genital Organs (179-184.9)
- Uterine leiomyoma (218)
- Carcinoma in situ of Cervix uteri (233.1)
- Neoplasm of uncertain behavior of female genital organs (236.0-236.2)
- Neoplasm of unspecified nature of breast (239.3)
- Psychosexual dysfunction (302.7)
- Cystitis (595)
- Urethritis (597-599.9)
- Disorders of the Breast (610-611)

- Inflammatory Disease of Female Pelvic Organs (614-616) Other Disorders of Female Genital Tract (617-629, excluding Infertility 628)
Includes: endometriosis, genital prolapse, fistula involving genital tract, noninflammatory disorders of ovary, fallopian tube and broad ligament, other disorders of uterus, noninflammatory disorders of cervix, vagina, vulva, perineum, pain and other symptoms associated with female genital organs, disorders of menstruation and other abnormal bleeding from female genital tract, menopausal and postmenopausal disorders, other disorders of female genital organs
- Ectopic and Molar Pregnancy (630-33)
- Other pregnancy with abortive outcome (634-639), excluding legally induced abortion (635)
- Complications mainly related to pregnancy (640-648)
hemorrhage in early pregnancy, antepartum hemorrhage, abruptio placentae and placenta previa, hypertension complicating pregnancy, childbirth and the puerperium, excessive vomiting in pregnancy, early or threatened labor, prolonged pregnancy, other complications of pregnancy, not elsewhere classified, infectious and parasitic conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium, other conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium.
- Normal delivery, and other indications for care in pregnancy, labor, and delivery (650-659) Complications occurring mainly in the course of labor and delivery (660-669) Postmenopausal osteoporosis (733.01)
- Periumbilical abdominal pain (789.05)
- Nonspecific abnormal Papanicolaou smear of cervix (795)
- Normal Pregnancy (V22)
- Supervision of high-risk pregnancy (V23)
- Postpartum care and examination (V24)
- Encounter for contraceptive management (V25) Gynecological examination (V723)
- Pregnancy examination, pregnancy not confirmed (V72.4)

SERVICES EXCLUDED FROM DIRECT ACCESS OB/GYN

The following services are specifically excluded from Direct Access OB/Gyn:

1. Legally induced abortions (ICD-9 code 635) are excluded from this Agreement; these are exclusively provided through other contractors.
2. Elective procedures for covered diagnoses.
3. Deliveries at hospitals other than contracted facilities.

4. Infertility (ICD-9 code 628) and Procreative Management (ICD-9 code V26); pre-authorization is required to clarify and coordinate coverage and/or copayments, which differ among the VCHCP benefit plans.
5. Follow-up, testing or treatment of non-specific, non-gynecological problems, including, by example and without limitation, diabetes, hypertension, fatigue, depression, arthritis, abdominal pain.
6. Services outside VCHCP's licensed service area of Ventura County, including tertiary care referrals and second opinions.

Provider agrees to support an onsite audit of medical records by Plan, at mutually determined time, which may include a retrospective review of the Medical Necessity of covered services.

A. **Attachments:** None

B. **History:**

Reviewer/Author: Richard Ashby, MD; Date: 04/19/99
 Reviewed/Revised: Richard Ashby, MD; Date: June 2000
 Reviewed/Revised: Cynthia Wilhelmy, MD; Date: 01/30/07
 Committee Review: UM: February 20, 2007; QAC: February 27, 2007
 Reviewed/Revised: Albert Reeves, MD; Date: 11/1/11
 Committee Review: UM: November 10, 2011; QAC: November 22, 2011
 Reviewed/No Changes: Albert Reeves, MD; Date: 4/16/12
 Committee Reviews: May 10, 2012; QAC: May 22, 2012
 Reviewed/No Changes: Albert Reeves, MD; Date: 1/28/13
 Committee Review: February 14, 2013; QAC: February 26, 2013
 Reviewed/No Changes: Catherine Sanders, MD
 Committee Review: February 13, 2014; QAC: February 25, 2014
 Reviewed/No Changes: Catherine Sanders, MD
 Committee Review: February 12, 2015; QAC: February 24, 2015
 Reviewed/Updated: Catherine Sanders, MD; Date: 5/11/15
 Committee Review: May 14, 2015 QAC: June 2, 2015
 Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD
 Committee Review: UM: February 11, 2016; QAC: February 23, 2016
 Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling
 Committee Review: UM: February 9, 2017; QAC: February 28, 2017
 Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling
 Committee Review: UM: February 8, 2018; QAC: February 27, 2018
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 14, 2019; QAC: February 26, 2019
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review

- C. **References:**
1367 .695 & 1367.66 of the California Health & Safety Code