

Medical Policy: Maternity Home Care

# [Policy Number]
Effective: July 9, 2002
Reviewed/Revised
Reviewed/ Revised: 04/2004 02/28/06
Reviewed: 11/1/11; 4/17/12

Reviewed/No Updates: 1/28/13; 2/13/14; 2/12/15; 2/11/16; 2/9/17; 2/8/18; 2/14/19; 2/13/20

## **Maternity Home Care**

## **Policy:**

VCHCP covers medically necessary antenatal and postpartum care.

Inpatient hospital care for forty-eight (48) hours following a normal vaginal delivery and ninety-six (96) hours following a delivery by cesarean section, unless an extended stay is authorized by the Plan. If the treating physician, in consultation with the mother, decides to discharge the mother and newborn before the 48 or 96 hour time period, the Plan will cover a post discharge follow-up visit within 48 hours of discharge when prescribed by the treating physician. The visit shall be provided by licensed health care provider whose scope of practice includes post partum and newborn care and shall include parent education, assistance and training in breast or bottle feeding, and the performance of any necessary maternal or neonatal physical assessments. The treating physician, in consultation with the mother, shall determine whether the post discharge visit shall occur at home, at the hospital, or at the treating physician's office after assessment of transportation needs of the family, environmental and social risks. (Newborn and Mother's Health Act of 1996).

See <u>CPB # 201 (Skilled Home Health Nursing Services)</u> for additional information concerning coverage of home care services.

VCHCP will not reduce or limit the reimbursement to the provider, offer any monetary or other inducement, either to the provider or to the mother, to provide or accept care in a manner inconsistent with coverage requirements.

## **Procedure:**

The treating physician is not required to obtain prior authorization for an in-home visit: however, if the services of a home health agency are prescribed, the Plan must receive written notification of the referral and the referral must be made to a Plan-approved provider.

A. Attachments: None

B. History:

Reviewed/No Updates: Richard Ashby MD, Lita.Catapang RN; QAC; Date: 7/9/02 Reviewed /Revised: Sheldon Haas MD, David Chernof, MD; QAC; Date: April 2004

Reviewed/No Changes: Cynthian Wilhelmy, MD; Date: 01/17/06 Committee Review: UM: February 06, 2006; QAC February 28, 2006

Reviewed/Revised: Albert Reeves, MD; Faustine Dela Cruz, RN; Date: 11/1/11

Committee Review: UM: November 10, 2011; QAC: November 22, 2011

Reviewed/No Changes: Albert Reeves, MD; Date: 4/17/12 Committee Reviews: UM: May 10, 2012; QAC: May 22, 2012 Reviewed/No Changes: Albert Reeves, MD; Date: 1/28/13

Committee Review: UM: February 14, 2013; QAC: February 26, 2013

Reviewed/No Changes: Catherine Sanders, MD

Committee Review: UM: February 13, 2014; QAC February 25, 2014



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Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC February 24, 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, MD Committee Review: UM: February 9, 2017; QAC: February 28, 2017 Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD 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
2/8/18	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:

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