

# PreferredOne®

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 04/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 04/04/24
<b>Clinical Policy Document:</b> Free-Standing Birth Centers and Associated Covered Services	<b>Replaces Effective Clinical Policy Dated:</b> 04/11/23
<b>Reference #:</b> MP/F007	<b>Page:</b> 1 of 3

## PURPOSE:

The intent of this clinical policy is to provide coverage guidelines for free-standing *birth centers*.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

## POLICY:

The Plan covers services performed in a participating provider free-standing *birth center* when the facility is fully accredited by the Commission for the Accreditation of Birth Center (CABC) and the services meet the coverage guidelines in this policy.

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

## COVERAGE:

- I. The Plan covers antepartum visits, uncomplicated vaginal births (including episiotomy and repair, and associated local anesthesia), and newborn care services at a free-standing *birth center*, when all of the following are met:
  - A. Assessment and documentation of *low-risk pregnancy*.
  - B. The facility meets applicable licensing requirements under the state in which they are located.
  - C. Services are provided by a certified nurse midwife (CNM), certified traditional or professional midwife (CPM), licensed midwife, or physician, who is licensed in the state in which the *birth center* is located.
  - D. The facility is fully accredited by the CABC.
  - E. The services provided would otherwise be covered if provided in a clinic or hospital.
- II. The Plan covers the following routine and immediate post-partum and newborn care at the member's home
  - A. One well mom/well baby visit
  - B. Routine preventive newborn vaccination(s)

## EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

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## **DEFINITIONS:**

### Birth Center:

A facility licensed for the primary purpose of performing low-risk deliveries that is not a hospital or licensed as part of a hospital and where the births are planned to occur away from the mother's usual residence following a low-risk pregnancy.

### Low-risk pregnancy:

A normal, uncomplicated prenatal course as determined by documentation of adequate prenatal care and the anticipation of a normal, uncomplicated labor and birth, as defined by reasonable and generally accepted criteria adopted by professional groups for maternal, fetal, and neonatal health care.

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Prior Authorization: No

## REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines (MP/C009)
3. Clinical Policy: Prenatal, Preventive Services and Routine Services (MP/P021)
4. Clinical Policy: Preventive Coverage for Routine Immunizations (MP/P020)
5. Commission for the Accreditation of Birth Centers. <https://www.birthcenteraccreditation.org/>

## DOCUMENT HISTORY:

<b>Created Date:</b> 12/01/2015
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