



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

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Revised Date: 12/01/17, 04/07/23

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan ("PCHP") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອຕໍ່ພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သျှာ်ဟ်သး- နမံကတိ၊ ကညိ ကျိာ်အယံ၊ နမံကျိာ်အတိမၤစၢၤလၢ တလၢာ်ဘျၣ်လၢာ်စၢၤ နီတမံၤဘျၣ်သန့လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

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Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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បំពេញ: ប្រសិនបើ អ្នក មិន ចេះ អង់គ្លេស ទេ, អ្នក អាច ទទួល បាន ការ ជួយ បន្ថែម ឥត គិត ថ្លៃ ដើម្បី ជួយ អ្នក ទាក់ទង ជាមួយ យើង បាន ល្អ បំផុត។ ហៅ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

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ဟံသာဝတီ- နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လို့လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

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