



Covered Benefit: Maternity Services

CMP Published: Yes No

CMP Link: [Obstetrical Ultrasounds
Termination of Pregnancy](#)

CPG Published: Yes No
[Prenatal Care](#)

Definition:

Maternity services include the care for women during pregnancy (prenatal care), labor and childbirth, and postpartum care.

All medical care related to pregnancy, childbirth or miscarriage provided by in-network practitioners is covered. Services include: prenatal examinations, routine tests, (e.g. metabolic screening etc.) diet regulation, delivery and hospital care for childbirth, miscarriage, and complications of pregnancy.

Benefit Packages: RItE Care, Substitute Care, Children with Special Health Care Needs, Rhody Health Partners and Rhody Health Options Phase One.

Coverage Limitations: There are no limits on covered maternity services rendered by in-network providers and practitioners.

Exclusions:

- Pre-planned home births and water births are not covered.
- Maternity services are not covered for members with the EFP (Extended Family Planning) benefit package.

Coverage Includes:

Physician and hospital services are covered for prenatal care, delivery, and postpartum care provided by a participating Neighborhood doctor and/or hospital. Members may self-refer to any participating Neighborhood Obstetrician, Obstetrician/ Gynecologist, Family Practitioner, or Nurse Midwife for prenatal care and postpartum care.



Notes:

1. See the Home Health Care Coverage Summary for more information regarding the Early Maternity Discharge program. Members may receive up to one (1) home visit from a RN or pediatric nurse practitioner and up to four (4) hours each day for four (4) days of Home Health Assistance (HHA) following discharge from the hospital within forty-eight (48) hours of vaginal delivery and ninety-six (96) hours of Caesarean delivery.
2. See the Patient Education Coverage Summary for more information regarding coverage of various patient education services.
 - a. Childbirth education and parenting classes are covered without prior authorization.
 - b. Lactation services by a certified lactation consultant are covered for members but prior authorization is required after the first three (3) visits.
3. See Laboratory Tests benefit coverage summary for more information regarding coverage of genetic testing.

VERSION HISTORY:

Create Date: 3/12/10

Revision Dates:

CMC Review Dates: 5/10/11

PEC Revised Date: 10/3/13