

Title: Home Birth Midwifery Services Perinatal Care	Division: Medical Management Department: Utilization Management
Approval Date: 5/4/2018	LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 5/4/2018	Policy Number: UM-MP234
Review Date: 4/22/2025	Cross Reference Number:
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1. POLICY DESCRIPTION:

Home Birth Midwifery Services Perinatal Care.

For the Medicare and UltraCare lines of business, MetroPlusHealth determines medical necessity based on applicable Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). <https://www.cms.gov/medicare-coverage-database/search.aspx>

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:

Midwifery: Regulation of midwifery is primarily under the auspices of the New York State Education Department, pursuant to the New York Education Law. The following language is retrieved from Chapter 238, Laws of New York, 2010:

1. The practice of the profession of midwifery is defined as the management of normal pregnancies, child birth and postpartum care as well as primary preventive reproductive health care of essentially healthy women and shall include newborn evaluation, resuscitation and referral for infants.

2. A licensed midwife shall have the authority, as necessary, and limited to the practice of midwifery, to prescribe and administer drugs, immunizing agents, diagnostic tests and devices, and to order laboratory tests, as established by the board in accordance with the commissioner's regulations. The final determination as to whether a home birth is appropriate resides, in accordance with New York Education Law § 6951(1), with the affiliated physician. The affiliated physician must document in writing that he or she is in accord with a home delivery.

4. POLICY:

1. If a new enrollee whom is within the first trimester of pregnancy and chooses obstetric services with an out of network provider (the member will be redirected in network) but coverage of services will be allowed to continue an ongoing course of treatment with the enrollee's current health care provider during a transitional period of up to 90 days from the effective date of enrollment.

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2. If the enrollee has entered the second trimester of pregnancy at the effective date of enrollment, in which case the transitional period shall include the provision of post-partum care directly related to the delivery. If an enrollee elects to continue to receive care from such health care provider pursuant to this paragraph, such care shall be authorized for the transitional period only.

5. LIMITATIONS/ EXCLUSIONS:

- Midwifery services are not considered medically necessary for home-induced births.
- Midwives must be ACNM-certified (or certified by the American Midwifery Certification Board [AMCB], formerly the American College of Nurse Mid-Wives Certification Council, Inc. [ACC]) and licensed by the state of New York.
- Midwives must carry professional liability or medical malpractice insurance.
- Coverage will not be provided for duplicative routine services actually provided by both a licensed midwife and a participating physician. In this case, the physician services will supersede those of the midwife.
- Effective April 1, 2025, MetroPlusHealth will cover doula services during pregnancy and up to 12 months after the end of pregnancy, regardless of how the pregnancy ends for our Medicaid, HIV SNP, HARP and EP health plans.

6. APPLICABLE PROCEDURE CODES:

CPT	Description
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps);
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59412	External cephalic version, with or without tocolysis
59414	Delivery of placenta (separate procedure)
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59430	Postpartum care only (separate procedure)

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59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only;
59515	Cesarean delivery only; including postpartum care
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

7. APPLICABLE DIAGNOSIS CODES:

CODE	Description
O00-O08	Pregnancy with abortive outcome
O09.00- O9a.53	Supervision of high risk pregnancy
O10- O16-	Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and puerperium
O20-O29-	Other maternal care disorders predominately related to pregnancy
O30-O48	Maternal care related to the fetus and amniotic cavity and possible delivery problems
O60-O77	Complications of labor and delivery
O80-O82	Encounter for delivery

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O85-O92	Complications predominantly related to puerperium
O94-O9A-	Other obstetric conditions, not elsewhere classified
Z34.00- Z34.93	Encounter for supervision of normal pregnancy
Z37.0- Z37.9	Outcome of Delivery
Z38.0-Z38.8	Liveborn infants according to place of birth and type of delivery
Z39.0-Z39.2	Encounter for maternal postpartum care and examination
Z3A-Z3A.49	Weeks of gestation

8. REFERENCES:

New York State Department of Health. 2012. New York State Public Health Law. Article 44. Health Maintenance Organizations

REVISION LOG:

REVISIONS	DATE
Creation date	
Retired	9/14/2018
Reinstated policy	5/10/2019
Annual Review	4/30/2021
Annual Review	4/26/2022
Annual Review	4/25/2023
Annual Review	4/23/2024
Annual Review	4/22/2025

Approved:

Date:

Approved:

Date:

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VP Medical Director

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Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication. MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.