



Covered Benefit: Maternity Services

CMP Published: Yes No

[Obstetrical Ultrasound](#)
[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, and Rhody Health Partners

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.

Episodes of care can occur across multiple settings; the following are included in the detailed benefit service category criteria:

Professional (POS 11)

Inpatient (POS 21)

Outpatient (POS 22)

Federally Qualified Health Center (POS 50)



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 which are part of the benefit package for RItE Care, Substitute Care, and Children with Special Health Care Needs:
 - 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, maternity-related genetic testing does not require prior authorization.
4. Prior authorization is required for prenatal care.

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