

MEDICAL POLICY



SUBJECT: HOME BIRTH BY CERTIFIED NURSE MIDWIVES FOR MANAGED CARE, CHILD HEALTH PLUS, FAMILY HEALTH PLUS AND MEDICAID MANAGED CARE CONTRACTS POLICY NUMBER: 11.01.23 CATEGORY: Contract Clarification	EFFECTIVE DATE: 12/11/08 REVISED DATE: 12/10/09, 12/09/10, 12/08/11, 05/15/12, 04/25/13, 04/24/14 PAGE: 1 OF: 5
<ul style="list-style-type: none">• <i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i>• <i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i>• <i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i>	

POLICY STATEMENT:

- I. Based upon our criteria, home birth by a certified nurse midwife (CNM) is **medically appropriate** under Health Plan Managed Care, Child Health Plus, Family Health Plus and Medicaid Managed Care contracts when the member is essentially healthy. (*Refer to the Description section for further information.*)
- II. If there are no participating CNMs under managed care contracts who perform home births, the member can request a referral to a non-participating CNM. (For purposes of this policy, CNM also includes certified midwives.)
 - A. In order for a referral to a non-participating CNM to be **eligible for coverage** the following criteria must be met:
 1. The CNM has a current license for the state in which they practice, AND
 2. The CNM has a collaborative relationship with:
 - a. a licensed physician who is board-certified as an obstetrician-gynecologist by a national certifying body; or
 - b. a licensed physician who practices obstetrics and has obstetric admitting privileges at a general hospital; where the patient will be referred by the CNM if there are complications with the pregnancy or
 - c. a hospital that provides obstetrics through a licensed physician who has obstetrical admitting privileges that provide for consultation, collaborative management, and referral to address the health status and risks of his or her patients and that includes plans for emergency medical gynecological and/or obstetrical coverage;
 - AND
 3. The CNM has professional liability/ malpractice insurance for no less than \$1 million for each individual incident and \$3 million in any given insurance year for multiple incidents against the insured (typically stated as \$1 million/\$3 million) that expressly covers home births.
 - B. Requests for referrals to non-participating CNMs will be evaluated on an individual case basis to determine if the requested home birth is appropriate. The evaluation shall include the patient's health risk and the proximity of the back-up physician or local hospital.

For example, where the back-up physician and closest hospital are more than 30 miles from the patient's home, a referral will be considered **not medically appropriate**.
 - C. Before a referral to a non-participating CNM is approved, documentation of the three requirements set forth in policy statement II A 1, 2, and 3 above (license, collaborative relationship and malpractice insurance) must be submitted for review. If documentation of these three requirements is received, and the request is determined to be appropriate based on the member's health condition and proximity of providers, as well as the ability of the CNM to provide the services in a safe and appropriate manner, the referral will be approved.

POLICY GUIDELINES:

Managed care products include HMO policies, as well as policies meeting the definition of managed care products in Insurance Law Section 4801 (c).

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DESCRIPTION:

According to the New York State Education Department, midwifery is defined as the management of normal pregnancies, childbirth and postpartum care as well as primary preventive reproductive health care of essentially healthy women and includes newborn evaluation, resuscitation and referral for infants.

Health Plan contracts provide coverage for maternity care for normal pregnancy when services are rendered by a licensed CNM.

A clinical bulletin published by the American College of Nurse-Midwives addressing the *Criteria for Provision of Home Birth Services* states: "The goal of selection criteria in a home birth midwifery practice is to identify the client who, by all current scientific, medical, and midwifery knowledge and standards, has an excellent prognosis for a normal, healthy pregnancy, birth, and postpartum course".

Women with medical conditions (e.g., previous caesarean section [VBAC], diabetes, hypertension, seizure disorder, or other uterine surgery, premature labor, preeclampsia, multiple fetuses, breech position fetus, those who have not received the appropriate level of prenatal care) should not be considered for a planned home birth. All women planning a home birth should have a contingency plan for transfer to a properly-staffed and equipped hospital should complications arise.

According to a 2007 clinical guideline published by the National Institute for Health and Clinical Excellence the following tables represent medical conditions or situations in which there is increased risk for the woman or baby during or shortly after labor, where care in a hospital or birthing center would be expected to reduce this risk.

Medical conditions indicating increased risk suggesting planned birth at a hospital or birthing center

<u>Disease area</u>	<u>Medical condition</u>
Cardiovascular	Confirmed cardiac disease, Hypertensive disorders.
Respiratory	Asthma requiring an increase in treatment or hospital treatment, Cystic fibrosis.
Hematological	Hemoglobinopathies – sickle-cell disease, beta-thalassemia major, History of thromboembolic disorders, Immune thrombocytopenia purpura or other platelet disorder or platelet count below 100,000, Von Willebrand's disease, Bleeding disorder in the woman or unborn baby, Atypical antibodies which carry a risk of hemolytic disease of the newborn.
Infective	Risk factors associated with group B streptococcus whereby antibiotics in labor would be recommended, Hepatitis B or C with abnormal liver function tests, Carrier of or infected with HIV, Toxoplasmosis – woman receiving treatment, Current active infection of chicken pox, rubella, or genital herpes in the woman or baby, Tuberculosis under treatment.
Immune	Systemic lupus erythematosus, Scleroderma.
Endocrine	Hyperthyroidism, Diabetes.
Renal	Abnormal renal function, Renal disease requiring supervision by a renal specialist.
Neurological	Epilepsy, Myasthenia gravis, Previous cerebrovascular accident.
Gastrointestinal	Liver disease associated with current abnormal liver function tests.
Psychiatric	Psychiatric disorder requiring current inpatient care.

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Other factors indicating increased risk suggesting planned birth at a hospital or birthing center

<u>Factor</u>	<u>Additional information</u>
Previous complications	Previous cesarean section (VBAC), Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty, Previous baby with neonatal encephalopathy, Pre-eclampsia requiring preterm birth, Placental abruption with adverse outcome, Eclampsia, Uterine rupture, Primary postpartum hemorrhage requiring additional treatment or blood transfusion, Retained placenta requiring manual removal, Shoulder dystocia.
Current pregnancy	Multiple birth, Placenta previa, Pre-eclampsia or pregnancy-induced hypertension, Preterm labor or preterm prelabor rupture of membranes, Placental abruption, Anemia – hemoglobin less than 8.5 g/dl at onset of labor, Confirmed intrauterine death, Induction of labor, Substance misuse, Alcohol dependency requiring assessment or treatment, Onset of gestational diabetes.
Fetal indications	Malpresentation – breech or transverse lie, Body mass index greater than 35 kg/m ² , Recurrent antepartum hemorrhage, Small for gestational age in current pregnancy (less than 5 th percentile or reduced growth velocity on ultrasound), Abnormal fetal heart rate (FHR) or Doppler studies, Ultrasound diagnosis of oligo- or poly-hydramnios.
Previous gynecological history	Myomectomy, Hysterotomy.

Medical conditions indicating individual assessment when planning place of birth

<u>Disease area</u>	<u>Medical condition</u>
Cardiovascular	Cardiac disease without intrapartum implications
Hematological	Atypical antibodies not putting the baby at risk of hemolytic disease, Sickle-cell trait, Thalassemia trait, Anemia – hemoglobin 8.5–10.5 g/dl at onset of labor.
Infective	Hepatitis B or C with normal liver function tests.
Immune	Non-specific connective tissue disorders.
Endocrine	Unstable hypothyroidism such that a change in treatment is required.
Skeletal and neurological	Spinal abnormalities, Previous fractured pelvis, Neurological deficits.
Gastrointestinal	Liver disease without current abnormal liver function, Crohn's disease, Ulcerative colitis.

Other factors indicating individual assessment when planning place of birth

<u>Factor</u>	<u>Additional information</u>
Previous complications	Stillbirth or neonatal death with a known non-recurrent cause, Pre-eclampsia developing at term, Placental abruption with good outcome, History of previous baby more than 10 pounds/4.5 kg, Extensive vaginal, cervical, or third- or fourth-degree perineal trauma, Previous term baby with jaundice requiring exchange transfusion.

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Current pregnancy	Antepartum bleeding of unknown origin (single episode after 24 weeks of gestation), Body mass index of 30–34 kg/m ² , Blood pressure of 140 mmHg systolic or 90 mmHg diastolic on two occasions, Clinical or ultrasound suspicion of macrosomia, Para 6 or more, Recreational drug use, Under current outpatient psychiatric care, Age over 40.
Fetal indications	Fetal abnormality.
Previous gynecological history	Major gynecological surgery, Cone biopsy or large loop excision of the transformation zone, Fibroids.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: 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 including postpartum care

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HCPCS: No specific code(s)

ICD9: V22 Normal pregnancy

 V22.0 Supervision of normal first pregnancy

 V22.1 Supervision of other normal pregnancy

 V22.2 Pregnant state, incidental

ICD10: Z33.1 Pregnant state, incidental

 Z34.00-Z34.93 Encounter for supervision of normal pregnancy (code range)

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KEY WORDS:

Home birth.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for home births by certified nurse midwives. However, Nurse Midwife services are addressed in the chapter on Covered Medical and Other Health Services, Section 180, in the Medicare Benefit Policy Manual. Please refer to the following website for Medicare Members: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>.