

COST-SHARES AND DEDUCTIBLES: MATERNITY

Issue Date: June 23, 1984

Authority: [32 CFR 199.4\(e\)](#)

I. ISSUE

What are the special cost-sharing provisions for maternity care?

II. POLICY

A. Determination. Subject to applicable Nonavailability Statement (NAS) requirements, maternity care cost-share shall be determined as follows:

1. Inpatient cost-share formula applies to maternity care ending in childbirth in, or on the way to, a hospital inpatient childbirth unit, and for maternity care ending in a non-birth outcome not otherwise excluded.

2. Ambulatory surgery cost-share formula applies to maternity care ending in childbirth in, or on the way to, a birthing center to which the beneficiary is admitted, and from which the beneficiary has received prenatal care, or a hospital-based outpatient birthing room.

3. Outpatient cost-share formula applies to maternity care which terminates in a planned childbirth at home.

4. Otherwise covered medical services and supplies directly related to "Complications of pregnancy", as defined in the 32 CFR 199, will be cost-shared on the same basis as the related maternity care for a period not to exceed 42 days following termination of the pregnancy and thereafter cost-shared on the basis of the inpatient or outpatient status of the beneficiary when medically necessary services and supplies are received.

III. CONSIDERATIONS

A. Otherwise authorized services and supplies related to maternity care, including maternity related prescription drugs, shall be cost-shared on the same basis as the termination of pregnancy.

NOTE: Inpatient cost-share formula applies to prenatal and postnatal care provided in the office of a civilian physician or certified nurse-midwife in connection with maternity care ending in childbirth or termination of pregnancy in, or on the way to, a military treatment facility inpatient

childbirth unit. Active Duty Family Members pay a per diem charge (or \$25.00 minimum charge) for an admission and there is no separate cost-share for them for separately billed professional charges or prenatal or postnatal care.

B. Claims for pregnancy testing are cost-shared on an outpatient basis when the delivery is on an inpatient basis but a required nonavailability statement is not issued.

C. Where the beneficiary delivers in a professional office birthing suite located in the office of a physician or certified nurse-midwife (which is not otherwise a TRICARE approved birthing center) the delivery is to be adjudicated as an at-home birth.

D. Claims for prescription drugs provided on an outpatient basis during the maternity episode but not directly related to the maternity care are cost-shared on an outpatient basis.

E. Newborn cost-share. Effective for all inpatient admissions occurring on or after October 1, 1987, separate claims must be submitted for the mother and newborn. The cost-share for inpatient claims for services rendered to an beneficiary newborn is determined as follows:

1. IN A DRG HOSPITAL:

a. Same newborn date of birth and date of admission.

(1) For family members of active-duty members, the cost-share is applied to the fourth (4th) and subsequent days of the newborn's inpatient stay.

(2) For newborn family members of other than active-duty members, the cost-share will be the lower of the number of hospital days minus three (3) multiplied by the per diem amount, OR twenty-five percent (25%) of the total billed charges (less duplicates and DRG non-reimbursables such as hospital-based professional charges).

b. Different newborn date of birth and date of admission. For all beneficiaries, the cost share is applied to all days in the inpatient stay.

2. IN DRG EXEMPT HOSPITAL:

a. Same newborn date of birth and date of admission.

(1) For family members of active-duty members, the cost-share is applied to the fourth (4th) and subsequent days of the newborn's inpatient stay.

(2) For family members of other than active-duty members, the cost-share will be calculated based on twenty-five percent (25%) of the total allowed charges.

b. Different newborn date of birth and date of admission.

(1) For family members of active-duty members, the cost-share is applied to all days in the newborn's inpatient stay.

(2) For family members of other than active-duty members, the cost-share will be calculated based on twenty-five percent (25%) of the total allowed charges.

F. Maternity Related Care. Medically necessary treatment rendered to a pregnant woman for a non-obstetrical medical, anatomical, or physiological illness or condition shall be cost shared as a part of the maternity episode when:

1. The treatment is otherwise allowable as a benefit, and,
2. Delay of the treatment until after the conclusion of the pregnancy is medically contraindicated, and,
 - a. The illness or condition is, or increases the likelihood of, a threat to the life of the mother, or,
 - b. The illness or condition will cause, or increase the likelihood of, a stillbirth or newborn injury or illness, or,
 - c. The usual course of treatment must be altered or modified to minimize a defined risk of newborn injury or illness.

G. Related Issuances.

1. [Chapter 13, Section 11.1](#), Cost-Shares And Deductibles: Basic Programs.
2. [Chapter 11, Section 5.1](#), Newborn Charges.
3. [Chapter 11, Section 5.2](#), Nursery Charges: Infant Of An Unmarried Dependent.
4. [Chapter 13, Section 3.5](#), Ambulance Services.

- END -

