

## MATERNITY CARE

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)\(i\)](#), and [\(e\)\(16\)](#)

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### I. PROCEDURE CODE RANGE

59000 - 59899

### II. DESCRIPTION

Maternity care is the care and treatment related to conception, delivery and abortion, including prenatal and postpartum care (generally through the sixth post-delivery week), and treatment of complications of pregnancy.

### III. POLICY

A. Medically necessary services and supplies associated with antepartum care (**including well-being of the fetus**), childbirth, postpartum care, and complications of pregnancy may be cost-shared.

B. Maternity benefits may not be restricted for any hospital length of stay in connection with childbirth for the mother or newborn child:

1. Following a normal vaginal delivery, to less than 48 hours; or
2. Following a cesarean section, to less than 96 hours.

**NOTE:** *The restrictions in [paragraph III.B.](#) above shall not apply in any case in which the decision to discharge the mother or her newborn child prior to the expiration of the minimum length of stay is made by an attending provider in consultation with the mother.*

C. Cost-share is extended for maternity care for pregnancy resulting from noncoital reproductive procedures.

**NOTE:** *Cost-share of expenses for services and supplies related to the noncoital reproductive procedures is not covered as indicated in [32 CFR 199.4\(g\)\(34\)](#).*

D. Cost-share of prescription drugs for in-home tocolysis is limited to those drugs approved by the U.S. Food and Drug Administration for the management of pre-term labor.

The off-label use of terbutaline for tocolysis may be cost-shared only when intravenously administered in the inpatient setting when preterm labor has been established.

**NOTE:** *Amnioinfusion. In patients with decreased amniotic fluid volume in either preterm or term pregnancies, replacement of amniotic fluid with normal saline infused through a transcervical intrauterine pressure catheter has been reported to decrease both the frequency and severity of variable decelerations. Amnioinfusion is considered reasonable at the onset of labor in patients with known oligohydramnios.*

E. Itemized charges for the technical components of routine screening laboratory tests normally associated with maternity care may be separately cost-shared. Tests normally associated with maternity care include, but are not limited to, the following:

1. Effective March 7, 1990, Serum alpha-fetoprotein **including multiple marker screen** (see [Chapter 5, Section 4.1](#))
2. Effective March 1, 1992, Hepatitis B surface antigen (HBsAg)
3. Effective July 7, 1995, Human immunodeficiency virus (HIV)

F. Charges for the technical components of other automated laboratory tests not routinely associated with maternity care may be cost-shared if they are determined to be medically necessary.

**NOTE:** *The professional component of any automated laboratory test is considered to be included in the maternity global fee.*

G. Policy on the maternity care benefit is located throughout this Manual 6010.47-M. See the Index under "Maternity" for additional references.

#### EXCLUSIONS

A. Certain abortion procedures are excluded by law as a benefit. See [Chapter 3, Section 13.6](#) for adjudication guidance on those excluded procedures.

B. Home uterine activity monitoring (HUAM), telephonic transmission of HUAM data, or HUAM-related telephonic nurse or physician consultation for the purpose of reducing pre-term labor and pre-term birth may not be cost-shared. The fact that a specific home uterine activity monitor (tocodynamometer) has received U.S. Food and Drug Administration approval for use in detecting pre-term labor does not affect this exclusion.

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