



MEDICAL COVERAGE GUIDELINES
SECTION: OB/GYN/REPRODUCTION
NEXT REVIEW DATE: 4TH QTR 2010

ORIGINAL EFFECTIVE DATE: 10/01/08
LAST REVIEW DATE:
LAST CRITERIA REVISION DATE: 08/25/09
ARCHIVE DATE:

COMPLICATIONS OF PREGNANCY

- Individual PPO Benefit Plans
- Plans Without Maternity Benefit

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "**Description**" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "**Criteria**" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Description:

Maternity services include routine prenatal care and services associated with delivery and postpartum care regardless of whether the delivery is vaginal or by cesarean section.

A complication of pregnancy is a medical illness or sickness that is distinct from the pregnancy, but is adversely affected by the pregnancy or caused by the pregnancy. Complications of pregnancy require services over-and-above the non-covered maternity and delivery care services common for every pregnancy.

Coverage of a complication of pregnancy includes only those services supported by clinical documentation as:

1. Medically necessary to treat a BCBSAZ identified complication of pregnancy, and,
2. Additional services beyond the non-covered maternity services identified as Benefit Specific Exclusions in the individual benefit plan booklet, and,
3. Eligible *only* at the time the complication occurs and *limited* to the duration of the complication, and,
4. Identified as a covered complication of pregnancy in the **Criteria** section of this guideline.



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COMPLICATIONS OF PREGNANCY (cont.)

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Definitions:

Eclampsia:

Convulsions or coma late in pregnancy. The seizures are unrelated to brain conditions and usually happen after the 20th week of pregnancy.

HELLP Syndrome:

Syndrome characterized by Hemolysis, Elevated Liver enzyme levels and a Low Platelet count.

Hemorrhage:

Excessive or uncontrollable bleeding that requires transfusion and/or immediate medical intervention to prevent further deterioration of the mother's medical condition.

Hyperemesis Gravidarum:

Extreme persistent vomiting during pregnancy leading to weight loss, dehydration and electrolyte imbalance.

Postpartum:

The six week period after delivery.

Pre-eclampsia:

The development of swelling, elevated blood pressure, sudden and rapid weight gain and protein in the urine during pregnancy.

Thromboembolic Event:

Formation in a blood vessel of a clot (thrombus) that breaks loose and is carried by the blood stream to plug another vessel. Blood clots may become life-threatening if they break off and travel through the bloodstream to vital organs. When the thrombus blocks a blood vessel in the lungs, it is called a pulmonary embolus. A thromboembolism that blocks blood vessels in the brain or heart can cause a stroke or heart attack.

Thrombophilia:

Thrombophilia is an increased tendency to form abnormal blood clots, but it is not a thromboembolic disorder. Individuals with a thrombophilia are at somewhat higher than average risk for clot formation. The factor V Leiden mutation is associated with a somewhat increased risk of pregnancy loss, however most women with the factor V Leiden mutation have normal pregnancies.



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COMPLICATIONS OF PREGNANCY – Individual PPO Benefit Plans and Plans Without Maternity Benefit (cont.)

Criteria:

- Under the member's individual medical benefit plan, only additional services* over-and-above the non-covered maternity care services common for every pregnancy, which are considered **medically necessary** to treat a complication of pregnancy, **may be eligible for coverage** at the time the complication occurs during the current pregnancy and **limited to** the duration of the complication, with documentation of **ANY** of the following:
 1. Ectopic pregnancy
 2. Fetal death
 3. Hydatiform mole/molar pregnancy
 4. Hyperemesis gravidarum
 5. Hemorrhage as a result of placenta previa, abruptio placenta or missed abortion (miscarriage)
 6. Thromboembolic event (venous or arterial thrombosis, embolus, thromboembolism)
 7. Toxemias of pregnancy e.g., pre-eclampsia, eclampsia and HELLP syndrome
 8. Uterine rupture
- Conditions that are not caused by the pregnancy, but which coexist with, and/or are adversely affected by the pregnancy, but not previously listed as a complication of pregnancy, may be covered under another benefit in this plan.
- * Additional services should be identified utilizing the applicable CPT® codes of the Medicine, Surgery, Radiology, Laboratory and/or Evaluation and Management Services sections of the Current Procedure Terminology publication, as identified by the American Medical Association.
- Conditions considered complications of pregnancy are eligible for coverage **only for the duration of the complication of the current pregnancy**. Coverage of a complication of the current pregnancy will, in no way, determine eligibility for a future incident or pregnancy.
- Maternity services common for every pregnancy, including prenatal care, delivery and postpartum care, which are **not additional services** required to treat a complication of pregnancy previously listed, are considered a **benefit plan exclusion** and **not eligible for coverage**.

Non-covered maternity services include:

1. Cesarean section unless medically necessary to treat the BCBSAZ-defined complication of pregnancy
2. Cesarean section for failed induction, malposition, breech presentation, multiple birth, fetal-pelvic disproportion or repeat C-section
3. High risk maternity and delivery
4. Normal maternity and delivery, to include prolonged, preterm or difficult labor, fetal distress or difficult delivery
5. Services common to every pregnancy, such as prenatal office visits, labs, ultrasounds, facility charges or anesthesia, as well as the costs associated with the delivery.



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<u>History:</u>	<u>Date:</u>	<u>Activity:</u>
Medical Policy Dept review	12/14/09	Revised title and description
Medical Policy Panel review	11/03/09	Revised description
Medical Policy Panel review	08/25/09	Adopted revisions; updated description
Medical Director review	08/18/09	Recommend revisions
Medical Policy Panel review	07/01/08	Adopted (effective 10/01/08)
Medical Policy Panel review	06/18/08	Development

Criteria Revisions:

08/25/09	Added:	Examples of thromboembolic events
	Revised:	Thromboembolic “disorder” to thromboembolic “event”

Note:

Resources:

1. American College of Obstetricians and Gynecologists (ACOG). Compendium. 2002.
2. American College of Obstetricians and Gynecologists (ACOG). Thromboembolism in Pregnancy. *ACOG Practice Bulletin*. August 2000. Number 19.
3. American Medical Association. Current Procedural Terminology. *CPT®*. 2008.
4. Arizona Administrative Code. R20-6-209. Unfair Sex Discrimination. 2005.
5. Consultant Review. OB/GYN. 2002.
6. Genetics Home Reference. Factor V Leiden Thrombophilia. 2007.



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Resources: (cont.)

7. InterQual® Care Planning: Procedures Adult. Cesarean Section, Prior to Onset of Labor.
8. InterQual® Care Planning: Procedures Adult. Cesarean Section, During Labor.
9. Merck Manual. Seventeenth Edition

Coding:

CPT: 59525, 59812, 59820, 59821, 59830, 59870, 59897, 59898, 59899

Coding Updates: