

Policy Number: CP-IFP23-034A

Effective Date: January 1, 2025

Maternity Services

Maternity care includes medical checkups and screening tests during pregnancy, and also involves education and counseling care during different aspects of pregnancy. Some services delivered during prenatal care are covered under the Preventive benefits in the member contract and are covered at 100%. Other lab tests, imaging and diagnostic services are covered under the applicable benefits and subject to cost share.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medicaid products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare’s Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Preventive screening and some prenatal services; applicable lab, imaging, diagnostic benefits for other services

Definitions or summary

UCare covers maternity care at the preventive benefit level for those services defined as preventive by the Affordable Care Act (ACA), MN State statutes, A and B recommendations of the United States Preventive Services Task Force (USPSTF), Advisory Committee on Immunizations Practice (ACIP) of the Centers for Disease Control (CDC), Health Resources and Services Administration (HRSA), and Bright Futures.

Comprehensive postnatal visit means a visit with a health care provider that includes a full assessment of the mother's and infant's physical, social, and psychological well-being, including but not limited to mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance.

Coverage policy

Covered

Maternity services covered under preventive care benefit include assessments, screenings, counseling to identify risk factors.

- Immunizations as recommended
- One prenatal ultrasound covered without cost sharing (typically the first one billed during the pregnancy)
 - *Any additional ultrasounds, such as those done to monitor intrauterine growth, identify fetal sex, or look for abnormalities during pregnancy are covered under radiology benefits, and are subject to member cost share*
- Birth control: Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for female with reproductive capacity
- Breastfeeding support and counseling from trained, in-network providers including a breast pump prenatally, or after birth
 - One breast pump is covered per birth without cost share to member (of the following three types):
 - Hospital-grade breast pumps (for rental)
 - when infant or breast-feeding person is unable to breast feed due to medical condition (of the breast-feeding person or infant), **or**
 - Dual-electric breast pumps (for purchase) **or**
 - Manual breast pumps (for purchase)
- Expanded tobacco intervention and counseling for pregnant tobacco users
- Folic acid supplements for persons who may become pregnant
- Gestational diabetes screening for persons 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all persons at high risk
- Hepatitis B screening for pregnant persons at the first prenatal visit
- Human Immunodeficiency (HIV) screening (during each pregnancy)
- Maternal depression screening for persons at well-baby visits
- Preeclampsia prevention and screening for pregnant persons with high blood pressure
- Rh incompatibility screening for all pregnant persons and follow-up testing for persons at high risk
- Services provided by a certified midwife for routine pre- and post-natal visits as a part of maternity care

- Syphilis screening: 3 times during pregnancy
 - During first trimester
 - Pregnant people who are not accessing prenatal care and have not been screened for syphilis should be tested in any health care setting
 - Early in third trimester (28-32 weeks' gestation)
 - Screening early enough in pregnancy prior to delivery to allow treatment to occur
 - At delivery
 - Including pregnant people who experience a stillbirth (fetal death after 20 weeks' gestation, or fetus weighs greater than 500 g)
- Screening for asymptomatic bacteriuria using urine culture in pregnant persons

Covered components of postnatal care:

- A comprehensive postnatal visit with a health care provider not more than three weeks from the date of delivery;
- Any postnatal visits recommended by a health care provider between three and 11 weeks from the date of delivery; and
- a comprehensive postnatal visit with a health care provider 12 weeks from the date of delivery.

Other maternity services not considered preventive are covered under the applicable benefit level. That includes, but may not be limited to:

- Additional diagnostic testing including labs, ultrasounds after first ultrasound
- Childbirth and other educational classes
 - Reimbursement of up to \$200 for in-person or virtual childbirth education classes provided through a hospital, free-standing birth center, and/or any course offered by an individual or organization with approved certifications or credentials.
- Prenatal genetic testing
- Home health care for high-risk pregnancy
- Medical facility transfer, including related transfer expenses for mother and newborn(s)
 - Check plan documents for plan-specific cost sharing.
- Midwife services during inpatient hospital stays. Members may also receive care from a midwife at stand-alone birthing facilities.
- Services by a certified doula
 - Coverage is for up to 7 doula sessions per birth. One session for labor and delivery and remaining 6 sessions can be used antepartum or postpartum.
- Specialty care
- Surgical procedures

The following services are not covered under any benefit level

- Charges for planned home births
- Educational classes on home birthing, pre-natal yoga, and grandparents are not covered.
- Private duty nursing services
- Services and items for personal convenience, such as television rental
- Services for or related to a surrogate pregnancy of a non-member. This includes diagnostic screening, physician services, reproduction treatments and prenatal/delivery/postnatal services.
- Services for or related to adoption fees
- Services for or related to preserving, storing, and thawing of human tissue. This includes, but is not limited to sperm, ova, embryos, stem cells, cord blood, and other human tissue

Prior authorization
Prior authorization is not required

CPT/ HCPCS/ICD-10 Codes

**Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
E0602	NU	Manual (purchased) breast pump
E0603	NU	Dual-electric breast pump
E0604	RR	Hospital grade breast pump
A9999		Accessory Kit, hospital grade breast pump
T1033		Doula services: Non-labor and non-delivery sessions
T1033	U4	Doula services: Labor and delivery

*CPT is a registered trademark of the American Medical Association.

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
CP-IFP21-017A	Fetal Aneuploidy
CP-IFP21-013A	Preventive Services Adults/Women/Children

References and source documents

Links to the UCare contracts, Center for Medicare, and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

- [Individual & Family Plans Formulary](#)
- [United State Preventive Services Task Force \(USPSTF\)](#)
- <https://www.health.state.mn.us/diseases/syphilis/hcp/index.html>
- Minnesota Statute 62A.0411 <https://www.revisor.mn.gov/statutes/cite/62A.0411>

Coverage Policy Development and Revision History		
Version	Date	Note(s)
V1	Jan. 1, 2023	New Policy
V2	May 1, 2023	Revision: Title Change, Mandate updates
V3	Oct. 25, 2023	Format updates. Revision: detail about breast pump coverage, addition of \$200 towards childbirth education classes, addition of coverage of certified doula services and midwife services.
V4	April 1, 2024	Revision: MDH recommendation, syphilis addition.
V5	Oct. 8, 2024	Revision includes certified doula services-doulas no longer need to be supervised by a physician, nurse practitioner, or certified nurse midwife. Added coverage for medical facility transfer including related transfer expenses for mother and newborn(s).