



MEDICAL COVERAGE GUIDELINES
SECTION: OB/GYN/REPRODUCTION

ORIGINAL EFFECTIVE DATE: 11/06/13
LAST REVIEW DATE: 06/05/18
LAST CRITERIA REVISION DATE: 06/24/14
ARCHIVE DATE:

COMPLICATIONS OF PREGNANCY FOR PLANS WITHOUT MATERNITY BENEFIT

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

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.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

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.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

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.

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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.

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.

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Definitions: (cont.)

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.

Criteria:

- **If maternity benefit is not available**, only additional services¹ 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 (spontaneous intrauterine death of a fetus at any time during pregnancy)
 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.
- 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.



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Criteria: (cont.)

- **If maternity benefit is not available**, 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. High risk maternity and delivery
3. Normal maternity and delivery, to include prolonged, preterm or difficult labor, fetal distress or difficult delivery
4. 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
5. Any complication not specifically listed as a complication of pregnancy in this Medical Coverage Guideline.

Examples of non-covered complications include, *but are not limited to*:

- Failed induction
- Malposition
- Breech presentation
- Multiple birth, fetal-pelvic disproportion
- Premature rupture of membranes
- Repeat C-section

¹ 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.



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Resources:

Literature reviewed 06/05/18. We do not include marketing materials, poster boards and non-published literature in our review.

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®*
4. Arizona Administrative Code. R20-6-209. Unfair Sex Discrimination. December 31, 2005
5. Consultant Review. OB/GYN. 2002
6. Genetics Home Reference. Factor V Leiden Thrombophilia. July 2007
7. InterQual®: Procedures Cesarean Section, Prior to Onset of Labor
8. InterQual®: Procedures Cesarean Section, During Labor
9. Merck Manual. Seventeenth Edition



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idilkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idilkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilinígóó. Ata' halne'ígíí kojį' bich'į' hodilnih 877-475-4799.

Chinese: 如果您, 或是您正在協助的對象, 有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

