Inpatient Maternity Stay and Subsequent Home Nursing

Policy Number: MATERNITY 001.14 T0
Effective Date: December 1, 2017

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PURPOSE

This policy addresses the state mandated length of inpatient stay for mother and baby following delivery and subsequent home nursing visits.

POLICY

Oxford abides by state and federal mandates regarding the length of an inpatient maternity stay and the coverage of subsequent home nursing visits. Regulations vary by state as outlined below.

**Inpatient Maternity Length of Stay**

Oxford will cover inpatient maternity stays for both mother and newborn as follows:

- 48 hours **following** a vaginal delivery
- 96 hours **following** a cesarean delivery

**Note:** Oxford will continue to cover the inpatient stay for both mother and baby for as long as medically necessary.

**Post-Discharge Home Nursing Visits**

Post-discharge home nursing visits are not subject to Home Care benefit limitations or cost share (copayment, coinsurance, or deductible). Coverage is provided as follows:

**Connecticut Plans**

Oxford will approve two (2) home nursing visits if both mother and newborn are discharged before the mandated length of stay (48 hours following vaginal delivery and 96 hours following Cesarean delivery).

Home nursing visits following an inpatient maternity stay will be provided by qualified healthcare personnel trained in post-partum maternal and newborn pediatric care. The visit includes (but is not limited to): delivery care, an assessment of the mother and child, instruction on breastfeeding, cleaning and caring for child, parent education, assessment of home support systems and any required medically necessary and appropriate clinical tests.

**New Jersey and New York Plans**

Oxford will approve one (1) home nursing visit if both mother and newborn are discharged before the mandated length of stay (48 hours following vaginal delivery and 96 hours following Cesarean delivery).

The Home nursing visit following an inpatient maternity will be provided by a professional RN. The visit includes (but is not limited to): an assessment of the mother and child, instruction on breastfeeding, cleaning and caring for child, and any required blood tests ordered by the mother’s or the child’s physician.

REFERENCES

Connecticut Code §38a-547

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N.J.S.A. §26:2J-4.9 and N.J.A.C. 8:38-5.2(a)3i (HMO)
New Jersey Code §17B:27-46.1k (Insurer)
New York Code §4303 (3); §3221(k)(5)NY Insurance Law 4303, made applicable to HMOs by NY Public Health Law 4406
Oxford Certificate of Coverage and Member Handbook.

### POLICY HISTORY/REVISION INFORMATION

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| 04/01/2019 | • Reorganized policy template:  
  o Simplified and relocated Instructions for Use  
  o Removed:  
    ▪ Benefit Considerations section  
    ▪ Applicable Lines of Business/Products section (policy applies to all Commercial plan membership; no exceptions apply) |
| 12/01/2017 | • Updated policy guidelines; replaced language indicating “Oxford abides by state mandates regarding the length of an inpatient maternity stay and the coverage of subsequent home nursing visits” with “Oxford abides by state and federal mandates regarding the length of an inpatient maternity stay and the coverage of subsequent home nursing visits”  
  • Archived previous policy version MATERNITY 001.13 T1 |

### INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member’s contract or certificate. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford’s administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.