

INPATIENT MATERNITY STAY AND SUBSEQUENT HOME NURSING

Policy Number: MATERNITY 001.14 TO

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Related Policies

None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. 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.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

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

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

Date	Action/Description
12/01/2017	<ul style="list-style-type: none">• 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 <i>and federal</i> 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