

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Post-partum Hospital Stays Mandate

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	9/1/2006	Policy Last Updated:	6/18/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This is an administrative policy to document Rhode Island General Law (RIGL) 27-20-17.1, Insurance Coverage for Post-partum Hospital Stays.

§ 27-20-17.1 Insurance coverage for post-partum hospital stays. – (a) Every individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state shall provide coverage for a forty-eight (48) hour time period in a hospital after a vaginal birth and ninety-six (96) hours after a Cesarean section for a mother and her newly born child. Any decision to shorten these minimum coverages shall be made by the attending health care provider in consultation with the mother. The decision shall be made in accordance with the standards for guidelines for perinatal care published by the American College of Obstetrics and Gynecology and the American Academy of Pediatrics. The standards shall be relative to early discharge, defined as less than forth-eight (48) hours for a vaginal delivery and ninety-six (96) for a Cesarean delivery. In the case of early discharge, post-delivery care shall include home visits, parent education, assistance and training in breast or bottle feeding and the performance of any necessary and appropriate clinical tests or any other tests or services consistent with the guidelines provided in this subsection.

(b) For the purposes of this section, "attending health care provider" includes the attending obstetrician, pediatrician, family practitioner, general practitioner or certified nurse midwife attending the mother and newly born child.

(c) Any subscriber who is aggrieved by a denial of benefits to be provided under this section may appeal the denial in accordance with regulations of the department of health, which have been promulgated pursuant to chapter 17.12 of title 23. No policy or plan covered under this chapter shall terminate the services, reduce capitation payment, or penalize an attending physician or other health care provider who orders care consistent with the provisions of this section.

Note: The Rhode Island mandate mirrors the federal mandate, Newborns' and Mothers' Health Protection Act of 1996 (Newborn's Act), signed into law on September 26, 1996.

Medical Criteria:

None

Policy:**All Products:**

Benefits for any hospital length of stay in connection with childbirth for the mother or newborn child may not be reduced to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

Rhode Island mandated benefits generally do not apply BlueCHIP for Medicare, however we follow this mandate for all products.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage or subscriber agreement for maternity benefits/coverage.

Coding:

None

Also Known As:

None

Related Topics:

None

Published:

Policy Update, September 2013
Provider Update, April 2012
Provider Update, March 2011
Provider Update, March 2010
Provider Update, April 2009
Provider Update, March 2008
Policy Update, March 2007
Policy Update, March 2006

References:

<http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-17.1.HTM>

History:

May 2013 - Annual Review

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time

of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.