



BlueCross BlueShield of Vermont

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ACCESS TO OBSTETRICAL/GYNECOLOGICAL HEALTH CARE SERVICES Corporate Medical Policy

File name: Access to Obstetrical/Gynecological (OB/GYN) Health Care Services

File code: RB.SPSVC.02

Origination: 01/01/1998

Last Review: 10/2012

Next Review: 09/2012

Effective Date: 12/01/2012

Document Precedence

BCBSVT Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with all terms, conditions and limitations of the subscriber contract. Benefit determinations are based in all cases on the applicable contract language. To the extent that there may be any conflict between Medical Policy and contract language, the contract language takes precedence.

Medical Policy

Description

Obstetrical/Gynecological (OB/GYN) health care services means preventive* and routine reproductive health and gynecological care, including annual screening, counseling, and treatment of gynecological disorders and diseases and pregnancy care.

Policy

Members may access an appropriate contracting OB/GYN Plan provider for OB/GYN health care services.

Midwives (CNM and LPM) may only provide care, support and education to healthy women during the childbearing cycle, including uncomplicated pregnancy, labor, childbirth and the postpartum period.

Administrative and Contractual Guidance

Benefit Determination Guidance

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

*Please consult subscriber's contract for a listing of services covered under the preventive benefit.

Benefits for FEP members may vary. Please consult the FEP Service brochure.

Eligible Providers

Medical Doctors (M.D.),
Doctor of Osteopathy (D.O.)
Naturopathic Doctors (N.D.)
Advanced Practice Registered Nurse (APRN)
Nurse Practitioners (N.P.)
Certified Nurse Midwives (CNM) (must be a contracting provider with BCBSVT)
Licensed Professional Midwives (LPM) (must be a contracting provider with BCBSVT)

Related Policies

N/A

Policy Implementation/Update information

New policy 01/01/1998, updated 09/28/2000, 08/28/2001, 01/21/2002, CPT code changes
Updated 10/05 CPT code changes, updated 10/2006, updated.
10/2007 “obstetrical” removed from title and title changed to match Rule 10 language; no other changes. Reviewed by the CAC 01/2008. Updated 11/2009. 09/2010
10/2011 updated to reflect Vermont Lay Midwife Mandate and transferred to new format. Added “obstetrical” back to the title as ACA references both gynecological and obstetrical care. Added updated references to state and federal laws.
Medical/Clinical Coder reviewed 10/6/11 SAF
10/2012- Minor font changes. Removed PA language, redundant to Member’s Certificate of Coverage. Next review date, now updated. Medical/Clinical Coder reviewed 10/24/2012 RLJ.

Scientific Background and Reference Resources

VT Division of Health Care Administration Rule 9-03 5.1E
PPACA 2719A
8 V.S.A. § 4099(d) Act 35

Approved by BCBSVT Medical Directors

Date Approved

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