Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

FirstCare HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

MEDICAL COVERAGE POLICY

SERVICE: Preterm and Early-Term Deliveries

Policy Number:	**216**
Effective Date:	**01/01/2021**
Last Review:	**11/19/2020**
Next Review Date:	**11/19/2021**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Preterm and Early-Term Deliveries

PRIOR AUTHORIZATION: Not required.

POLICY: Obstetric deliveries via Cesarean section or labor induction prior to 39 weeks may not be medically necessary unless criteria are met.

Cesarean section or labor induction at >34 weeks but <39 weeks may be medically necessary if a medical condition exists as listed in the table below (from American College of Obstetricians and Gynecologists Committee on Obstetric Practice; Committee Opinion Number 764). Non-spontaneous deliveries at gestational ages less than recommended in the table below will be reviewed for medical necessity. Medical documentation supporting such a decision should be in the clinical record.

Placental / Uterine Issues	
Placenta previa*	36.0 – 37.6 wks gest
Placenta previa with suspected accreta, increta, or percreta*	34.0 – 35.6 wks gest
Vasa previa	34.0 – 35.6 wks gest
Prior classical cesarean	36.0 – 37.6 wks gest
Prior myomectomy	37.0 – 38.6 wks gest
Previous uterine rupture	36.0 – 37.6 wks gest
Fetal Issues	
Oligohydramnios (isolated or otherwise uncomplicated [deepest vertical pocket less than 2 cm])	36.0 – 37.6 wks gest or at diagnosis if diagnosed later
Polyhydramnios	39.0 – 39.6 wks gest
Growth restriction (singleton)	
Otherwise uncomplicated, no concurrent findings	38.0 – 39.6 wks gest
Abnormal umbilical artery dopplers: elevated S/D ratio with diastolic flow	Consider at 37.0 wks gest or at diagnosis if later
Abnormal umbilical artery dopplers: absent end diastolic flow	Consider at 34.0 wks gest or at diagnosis if later
Abnormal umbilical artery dopplers: reversed end diastolic flow	Consider at 32.0 wks gest or at diagnosis if later

Concurrent conditions (oligohydramnios, abnormal Doppler studies, maternal co-morbidity [e.g., preeclampsia, chronic hypertension])	34.0 – 37.6 wks gest
Multiple gestations – uncomplicated	
Di-Di twins with isolated fetal growth restriction	38.0 – 38.6 wks gest
Mo-Di twins	34.0 – 37.6 wks gest
Mo-Mo twins	32.0 – 34.6 wks gest
Triplet and higher order	Individualized
Multiple gestations – complicated	
Di-Di twins with isolated fetal growth restriction	36.0 – 37.6 wks gest
Di-Di twins with concurrent condition	Individualized
Mo-Di twins with isolated fetal growth restriction	32.0 – 34.6 wks gest
Alloimmunization	
At-risk pregnancy not requiring intrauterine transfusion	37.0 – 38.6 wks gest
Requiring intrauterine transfusion	Individualized
Non-reassuring fetal testing (*from MOD reference 3*)	
Intrauterine fetal demise	
Maternal Issues	
Hypertensive disorders of pregnancy	
Chronic hypertension: isolated, uncomplicated, controlled, not requiring medications	38.0 – 39.6 wks gest
Chronic hypertension: isolated, uncomplicated, controlled on medications	37.0 – 39.6 wks gest
Chronic hypertension: difficult to control (requiring frequent medication adjustments)	36.0 – 37.6 wks gest
Gestational hypertension – without severe-range BP	37.0 – 38.6 wks gest
Gestational hypertension – severe-range BP	34.0 wks gest or at diagnosis if later
Preeclampsia – without severe features	37.0 wks gest or at diagnosis if later
Preeclampsia with severe features, stable maternal and fetal conditions, after fetal viability (includes superimposed)	34.0 wks gest or at diagnosis if later
Preeclampsia with severe features, unstable or complicated, after fetal viability (includes superimposed and HELLP)	Soon after maternal stabilization
Preeclampsia with severe features, before viability	Soon after maternal stabilization
Cholestasis (Intrahepatic cholestasis of pregnancy)	36.0 – 37.0 wks gest or at diagnosis if diagnosed later
Diabetes	
Pregestational well-controlled	39.0 – 39.6 wks gest
Pregestational with vascular complications, poor glucose control, prior stillbirth	36.0 – 38.6 wks gest
Gestational – well-controlled on diet and exercise	39.0 – 40.6 wks gest
Gestational – well-controlled on medications	39.0 – 39.6 wks gest

Gestational – poorly-controlled	Individualized
HIV	
Intact membranes and viral load >1,000 copies/mL	38.0 wks gest
Viral load ≤1,000 copies/ml with antiretroviral therapy	39.0 wks gest or later
Obstetric issues	
PPROM	34.0 wks gest
PROM (37 0/7 weeks of gestation and beyond)	At diagnosis
Previous stillbirth	Individualized

Abbreviations: Di-Di, dichorionic-diamniotic; Mo-Di, monochorionic-diamniotic; PPROM, preterm premature rupture of membranes.

Additional Information for Medicaid lines of business:

TEXAS MEDICAID PROVIDER PROCEDURES MANUAL Vol 2: GYNECOLOGICAL, OBSTETRICS, AND FAMILY PLANNING TITLE XIX SERVICES:

4.1.2 Vaginal and Cesarean Deliveries

Claims will deny if submitted for a delivery prior to 39 weeks of gestation and not medically necessary, or for a delivery service with no modifier.

Claims will deny or recoupment will occur for associated claims for deliveries that are performed prior to 39 weeks and are determined to be not medically necessary including:

- Claims for the provider performing the vaginal or Cesarean delivery
- Inpatient and outpatient hospital claims inclusive of the delivery, planned Cesarean section, induction with vaginal delivery or failed induction with subsequent Cesarean section
- Birthing center claims inclusive of induction with vaginal delivery
- Claims for medical or surgical admission, including ICU, due to the complications of the delivery for the mother

OVERVIEW:

Studies have found that more than a third of babies were delivered by cesarean without a medical necessity prior to 39 weeks. Infants born at 38 weeks had a 50% greater chance of being sufficiently ill to require neonatal ICU care, and those delivered at 37 weeks were twice as likely to be admitted to the neonatal ICU. Infants born between 39- and 40-weeks gestation were at the lowest risk for neonatal problems. Not only does this result in a better outcome for the newborn infant but studies have shown that healthcare costs are reduced when elective deliveries at less than 39 weeks are eliminated.

MANDATES:

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	59409, 59410, 59514, 59515, 59612, 59614, 59620, or 59622. Requires modifier:

	U1 Medically necessary delivery prior to 39 weeks of gestation U2 Delivery at 39 weeks of gestation or later U3 Non-medically necessary delivery prior to 39 weeks of gestation
CPT Not Covered:	
ICD10 codes:	
ICD10 Not covered:	

CMS:

POLICY HISTORY:

Status	Date	Action
New	09/24/2015	New policy
Reviewed	09/29/2016	No changes
Reviewed	09/19/2017	No changes
Reviewed	08/14/2018	Minor changes to wording
Updated	10/17/2019	Added cholestasis of pregnancy. Added Medicaid language.
Updated	11/19/2020	Updated to align with latest ACOG information.

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Spong CY, Mercer BM, D'Alton M, Kilpatrick S, Blackwell S, Saade G. Timing of indicated late-preterm and early term birth. Obstet Gynecol 2011;118:323–33.
2. Main E, Oshiro B, Chagolla B, Bingham D, Dang-Kilduff L, and Kowalewski L. Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age. (California Maternal Quality Care Collaborative Toolkit to Transform Maternity Care) Developed under contract #08-85012 with the California Department of Public Health; Maternal, Child and Adolescent Health Division; First edition published by March of Dimes, July 2010.
3. Lindor KD, Lee RH. Intrahepatic cholestasis of pregnancy. UpToDate. Accessed 10/14/2019.
4. TEXAS MEDICAID PROVIDER PROCEDURES MANUAL Vol 2: GYNECOLOGICAL, OBSTETRICS, AND FAMILY PLANNING TITLE XIX SERVICES: Section 4.1.2 Vaginal and Cesarean Deliveries
5. The American College of Obstetricians and Gynecologists Committee on Obstetric Practice The Society for Maternal–Fetal Medicine Committee Opinion Number 764, Medically Indicated Late-Preterm and Early-Term Deliveries. February 2019.