

Title of Rule: Creation of the Maternity Services Rule Concerning Amount, Scope and Duration of Maternity Services, Section 8.732
Rule Number: MSB 15-02-26-A
Division / Contact / Phone: HPO B&O / Frank Herbst- / x3307

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The Department is creating this rule to include content from the Maternity Benefit Coverage Standard. Specifically, the rule will define the amount, scope and duration of the benefit.

2. An emergency rule-making is imperatively necessary
 to comply with state or federal law or federal regulation and/or
 for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

Section 1905(a)(18) of the Social Security Act, codified at 42 U.S.C. § 1396f(a)(2); 42 CFR Section 440.230.

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2014);

Initial Review **05/08/2015**
Proposed Effective Date **07/30/2015**

Final Adoption **06/12/2015**
Emergency Adoption

DOCUMENT #05

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

This rule will impact the Providers of maternity services and Medicaid Clients.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Clearly-defined rules will provide assurance for persons receiving benefits that services are easy to understand and locate, meet established criteria, provide better guidance for service providers, assure that public funds are more responsibly allocated, and reduce the administrative burden on the Department. Additionally, clearly-defined rules will reduce confusion and unnecessary adversarial situations among those receiving benefits, service providers and the Department and will simplify the appeal process for all participants. By clearly defining clinical criteria in the maternity benefit, the Department hopes to achieve its goal to improve client access to cost-effective, high quality care and to reduce inappropriate utilization and variations in care.

By directly incorporating the Department's Benefit Coverage Standard the rule will be more clearly-defined and further the Department's goals.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

This rule does not have any costs to the Department or any other agency as a result of its implementation and enforcement.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Enforceable policy rules will help the Department recover improper payments for inappropriate services rendered, uphold decisions based upon evidence-based criteria, and reduce the volume of appeals. By being able to enforce evidence-based criteria, this rule may generate cost-savings as inappropriate utilization and appeal volumes are reduced.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly or less intrusive methods for achieving the purpose of the proposed rule because all benefits must be adequately described in rule.

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6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternative methods for achieving the purpose of the proposed rule. The Department also documents its benefit coverage policies in written coverage standards. The benefit coverage policies must be written into rule to have the force of law.

1 **8.732. MATERNITY SERVICES**

2 **8.732.1 DEFINITIONS**

3 **High-Risk Pregnancy** means pregnancy that threatens the health or the life of the mother or her
4 fetus. Risk factors can include existing health conditions, weight and obesity, multiple births, older
5 maternal age, and other factors.

6 **8.732.2. CLIENT ELIGIBILITY**

7 8.732.2.A. Medicaid-enrolled pregnant or postpartum clients are eligible for maternity services.
8 Women remain eligible throughout their pregnancy and maintain eligibility until the end of the
9 month in which 60 days have passed post-pregnancy.

10 **8.732.3. PROVIDER ELIGIBILITY**

11 8.732.3.A. All Colorado Medicaid-enrolled providers are eligible to provide maternity services
12 when it is within the scope of the providers' practice.

13 **8.732.4. COVERED SERVICES**

14 8.732.4.A. Maternity services are covered when medically necessary and within the limitations
15 described in this section 8.732 and under 10 CCR 2505-10 as applicable.

16 8.732.4.B. Prenatal and Post-Partum Office Visits

- 17 1. One initial, comprehensive, prenatal visit including history and physical exam is
18 covered.
- 19 2. Subsequent prenatal visits are covered at a frequency that follows nationally
20 recognized standards of care~~generally accepted prenatal care practice guidelines~~
21 based on client risk factors and complicating diagnoses.
- 22 3. Postpartum visits are covered at a frequency that follows nationally recognized
23 standards of care~~generally accepted postpartum care practice guidelines~~.
24 Generally, one to two postpartum visits are considered routine for uncomplicated
25 pregnancies and deliveries. Guidelines for screening, diagnostic, and monitoring
26 services are located at 8.732.4.D and 8.732.4.E, of this rule.

27 8.732.4.C. Ultrasounds

- 28 1. A maximum of two routine ultrasounds are covered per low-risk pregnancy.
- 29 2. Clients with High-Risk Pregnancies may receive more than two ultrasounds when
30 clinically indicated in accordance with nationally recognized standards of
31 care~~generally accepted prenatal care practice guidelines~~ for indication and
32 frequency. Clinical indication must be clearly documented in the client record.

1 8.732.4.D. Additional Screening, Diagnostic, and Monitoring Services

2 1. The following services are covered only when clinically indicated in accordance
3 with nationally recognized standards of care~~generally accepted prenatal care~~
4 ~~practice guidelines~~ for indications and frequency.

5 a. Amniocentesis

6 b. Fetal biophysical profile

7 c. Fetal non-stress test

8 d. Fetal echocardiogram

9 e. Fetal fibronectin

10 f. Chorionic villus sampling

11 2. The clinical indication must be clearly documented in the medical record.

12 8.732.4.E. Genetic Screening, Non-Invasive Diagnostic Testing, and Counseling are covered in
13 accordance with nationally recognized standards of care~~generally accepted prenatal care~~
14 ~~practice guidelines~~. Screening coverage is available for women carrying a singleton
15 gestation who meet one or more of the following conditions:

16 1. Maternal age 35 years or older at delivery;

17 2. Fetal ultrasonographic findings indicated an increased risk of aneuploidy;

18 3. History of a prior pregnancy with a trisomy;

19 4. Positive test result for aneuploidy, including first trimester, sequential, or
20 integrated screen, or a quadruple screen; or

21 5. Parental balanced Robertsonian translocation with increased risk of fetal trisomy
22 13 or 21.

23 8.732.4.F. Diabetic supplies are covered for clients diagnosed with gestational diabetes mellitus
24 (GDM), in accordance with nationally recognized standards of care~~generally accepted~~
25 ~~care practice guidelines~~ for GDM.

26 8.732.4.G. Labor and Delivery services including admission to the hospital, the admission history
27 and physical examination, and management of labor and delivery services.

28 8.732.4.H. Home births may be performed by physicians and certified nurse-midwives carrying
29 malpractice insurance that covers home births.

30 **8.732.5 NON-COVERED SERVICES**

1 8.732.5.A. The following services are not covered:

- 2 1. Home pregnancy tests
- 3 2. Three and four dimensional ultrasounds
- 4 3. Ultrasounds performed solely for the purpose of determining the sex of the fetus
- 5 or to provide a keepsake picture
- 6 4. Paternity testing
- 7 5. Lamaze classes
- 8 6. Birthing classes
- 9 7. Parenting classes
- 10 8. Home tocolytic infusion therapy

11 **8.732.6. PRIOR AUTHORIZATION**

12 8.732.6.A. Prior Authorization is not required for services under § 8.732.