

# Clinical Policy: Home Birth

Reference Number: IL.CP.MP.508

Last Review Date: 12/21

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description:

According to the American College of Obstetricians and Gynecologists Committee Opinion from August 2020 “the College believes that hospitals and accredited birth centers are the safest setting for birth.” This is also the consensus of the American Academy of Pediatrics. The ACOG Policy Statement also states that “planned home birth is associated with more than twofold increased risk of perinatal death and a threefold increased risk of neonatal seizures or serious neurologic dysfunction.” However, ACOG also states that “ACOG respects the right of a woman to make a medically informed decision about delivery. Women inquiring about planned home birth should be informed of its risks and benefits based on recent evidence.”

## Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that home birth is **medically necessary** for the following indications:
  - A. The birth is overseen by a participating and credentialed provider of the plan who meets one of the following criteria:
    1. If home birth services are being managed by a midwife, all of the following criteria must be met:
      - a. The midwife must be certified by the American Midwifery Certification Board (or its predecessor organizations) or the certified nurse-midwife’s, certified midwife’s or midwife’s education and licensure must meet International Confederation of Midwives Global Standards for Midwifery Education and are practicing within an integrated and regulated health system;
      - b. There is a written plan for emergency care that includes documentation that emergency transportation to the nearest appropriate hospital where obstetrical services are regularly provided can be accomplished within 15 minutes from the onset of an emergency condition;
      - c. There must be documented proof of back-up supervision and coverage by a board certified or an active candidate for certification by the American Board of Obstetrics and Gynecology with emergency care planned at a facility where the supervising obstetrician has admitting privilege;
    2. If home birth services are being managed by a doctor, all of the following must be met:
      - a. The physician practices obstetrics within an integrated and regulated health system;
      - b. If the physician is not an obstetrician or family practice physician that has completed an obstetrics fellowship, there is documented proof of back-up supervision and coverage by a board certified or an active candidate for certification by the American Board of Obstetrics and Gynecology;

- c. Emergency care is planned at a facility where the supervising obstetrician or family practice physician that has completed an obstetrics fellowship has admitting privileges;
- d. The facility for emergency care is within 15 minutes by emergency transportation from the site of delivery;
- B. Two care providers are planned to be present at the birth, including one who has primary responsibility for the mother and one who has primary responsibility for the infant, along with the appropriate training, skills, and equipment to perform a full resuscitation of the infant in accordance with the principles of the Neonatal Resuscitation Program;
- C. No preexisting medical condition(s) that increase pregnancy risk (including but not limited to diabetes, hypertension,) are present.
- D. No prior cesarean delivery history exists.
- E. No history of significant disease during pregnancy; (including but not limited to gestational diabetes, preeclampsia, fetal macrosomia, intrauterine growth restriction) exists.
- F. A singleton pregnancy only is present.
- G. Fetal presentation is cephalic;
- H. History of timely initiation of and continuation of regular prenatal care including the first prenatal visit before 17 weeks with ultrasound confirming EDC done before 23 weeks is documented.
- I. Spontaneous labor in a pregnancy that has lasted at least 37 0/7 weeks but no more than 41 0/7 weeks is planned.

For Medicaid/Medicaid Expansion Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on the Illinois Medicaid Fee Schedule (located at: <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>).

If there is a discrepancy between this policy and the Illinois Medicaid Provider Manual (located at: <http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx>) the applicable Medicaid Provider Manual will govern.

For Medicare members, coverage is determined by the Centers for Medicare and Medicaid Services (CMS). If a coverage determination has not been adopted by CMS, this policy applies. Medicare Fee Schedules can be found on the CMS website (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html>).

### **Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for

## CLINICAL POLICY

### Home Birth

informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description

HCPCS®* Codes	Description

### ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Revisions Date	Approval Date
Original approval date		03/28/14
Annual Review with no changes		12/20
Annual Review	12/21	12/21

### References

1. American College of Obstetricians and Gynecologists (ACOG) Planned Home Birth. ACOG Committee Opinion. Number 697. April, 2017, Reaffirmed 2020
2. American Academy of Pediatrics, Committee on Fetus and Newborn. Planned home birth. Policy Statement. Pediatrics. 2013;131 (5): 1016-1020.
3. Evaluation of 280,000 cases in Dutch midwifery practices: a descriptive study. AUAmelink-Verburg MP, Verloove-Vanhorick SP, Hakkenberg RM, Veldhuijzen IM, Bennebroek Gravenhorst J, Buitendijk SE SOBJOG. 2008;115(5):570.
4. Planned Out-of-Hospital Birth and Birth Outcomes.USnN Engl J Med. 2015 Dec;373(27):2642-53.
5. Providing Care for Infants Born at Home. Kristi Watterberg and COMMITTEE ON FETUS AND NEWBOR. Pediatrics May 2020, 145 (5) e 20200626; DOI: <https://doi.org/10.1542/peds.2020-0626>

## CLINICAL POLICY

### Home Birth

#### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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