



Preventive Health Guidelines: Prenatal Care

I. Policy

University Health Alliance (UHA) will reimburse for prenatal preventive health services when it meets the medical criteria guidelines.

II. Criteria/Guidelines

The Patient Protection and Affordable Care Act of 2010, passed in March 2010, put in place a number of comprehensive health insurance reforms. One of these was the elimination of cost sharing for certain preventive health services for members, where health plans can no longer charge a patient a co-payment, coinsurance or deductible. The intent is that more members will obtain the preventive health care needed to stay healthy and avoid or delay disease.

The preventive guidelines used to implement the new law were taken from the U.S. Preventive Services Task Force (USPSTF): Guide to Clinical Preventive Services (recommendations graded A or B), immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention, and the guidelines supported by the Health Resources and Services Administration (HRSA) which include the Bright Futures' schedule of well-child visits.

The clinical preventive services guidelines below were derived from the clinical recommendations of the USPSTF. These guidelines are evidence-based and rely on current scientific studies. Each of the preventive services listed is a service that the USPSTF recommends that clinicians offer or provide in their practice setting.

Age-appropriate preventive screening services are provided for the purpose of promoting health and preventing illness or injury. Preventive counseling services will vary by age and should include issues such as family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health and diagnostic laboratory tests results available at the time of the encounter.

III. Limitations/Exclusions

The recommendations as shown in "**Attachment A - Preventive Health Guidelines: Prenatal Care**" are covered as indicated.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

- A. Prior Authorization is not required
- B. Modifier 33 should be appended to preventive services claims. When applied, Modifier 33 indicates that the preventive service is one that waives a patient's co-pay, deductible, and co-insurance. An exception is that modifier 33 does not have to be appended to those services that are inherently preventive.

V. Policy History

Policy Number: MPP-0028-120301

Current Effective Date: 04/11/2019

Original Document Effective Date: 03/01/2012

Previous Revision Dates: 04/18/2018

PAC Approved Date: 03/01/2012

Previous Policy Title: Prenatal Preventative Health Guidelines

Attachment A

Preventive Health Guidelines: Prenatal Care

Topic	Guidelines	Frequency
Gestational Diabetes	Screening for gestational diabetes mellitus in asymptomatic pregnant women	In pregnant women after 24 weeks of gestation and at the first prenatal visit
Breastfeeding Support, Counseling, and Equipment	Comprehensive lactation support and counseling, by a trained physician or midwife during pregnancy and/or in the postpartum period, and breastfeeding equipment	Support and counseling as needed. Purchase of breast feeding equipment is limited to one per birth
Asymptomatic Bacteriuria	Screening for asymptomatic bacteriuria with urine culture	Two urine cultures per pregnancy
Chlamydia Infection	Screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women at increased risk for infection	Two laboratory tests per pregnancy
Gonorrhea	Screening for gonorrhea infection for pregnant women age 24 years and younger and in older pregnant women who are at increased risk for infection	Two laboratory tests / per pregnancy
Hepatitis B Virus	Screening for Hepatitis B virus	One laboratory test per pregnancy
Rh (D) Incompatibility	Screening for Rh (D) incompatibility	One test per pregnancy
Syphilis	Screen all pregnant woman for syphilis infection	One laboratory test per pregnancy
Anemia, Iron Deficiency	Routine screening for iron deficiency anemia in asymptomatic pregnant women	One laboratory tests per pregnancy
Human Immuno-Deficiency Virus (HIV)	Screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown	One laboratory test per pregnancy
Alcohol Misuse	Screening and behavioral counseling interventions to reduce alcohol misuse in pregnant women, in primary care settings	Up to three visits per pregnancy
Tobacco Use and Tobacco-Caused Disease	Screen for tobacco use and provide augmented, pregnancy-tailored counseling and cessation interventions to those who smoke	Up to eight visits per pregnancy
Preeclampsia, Prevention: Aspirin	Low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	As prescribed
Depression	Screening for pregnant and post-partum women for depression when staff-assisted depression care supports are in place to assure diagnosis, effective treatment and follow up.	One per calendar year or more frequently during post-partum