This medical policy is not a guarantee of benefits or coverage, nor should it be deemed as medical advice. In the event of any conflict concerning benefit coverage, the employer/member summary plan document (SPD) supersedes this medical policy.

DEFINITIONS: A midwife is a person trained to assist a woman during childbirth. Many midwives also provide prenatal care for pregnant women, birth education for women and their partners, and care for mothers and newborn babies after the birth. A midwife may be a man or a woman. Depending on local law, midwives may deliver babies in the mother's home, in a special birthing center or clinic, or in a hospital.

INDICATIONS: The services of a midwife depend on the certification and licensing credentials obtained and the practice restrictions within each state. Because of the additional licensure in nursing, a nurse-midwife provides a comprehensive array of healthcare services to women. These services include: annual gynecological exams, family planning and preconception care, prenatal care, labor and delivery support, newborn care and menopausal management. Midwives generally provide reproductive education directed at fertility, nutrition and exercise, contraception, pregnancy health, breastfeeding and quality infant care. Midwives often serve as a quality economical option for birthing care.

POLICY: A member who elects to use a midwife for healthcare services should verify that their specific health plan includes midwife services as covered benefits.

The member must use a certified midwife to provide covered services.

Home deliveries may not be a covered benefit under the member’s plan, and deliveries must be performed in a birthing center. Please check your specific healthplan for benefits.

The pre-authorization process which is outlined below must be followed to obtain healthcare services from a midwife.

PROCESS:
The member or provider must contact:
1. The Customer Service department to verify eligibility/benefits.
2. Medical Management to initiate a pre-authorization.
3. Provide clinical information which supports the medical necessity of the requested service.

CPT, HCPC CODES: Use approved CMS codes for Certified Midwife Services being rendered must be medically necessary/related and a covered benefit for the member’s plan.