



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA  
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 04/16/19  
LAST REVIEW DATE: 04/02/24  
CURRENT EFFECTIVE DATE: 04/02/24  
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NEXT ANNUAL REVIEW DATE: 2ND QTR 2025

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## COMPLICATIONS OF PREGNANCY FOR PLANS WITHOUT MATERNITY BENEFIT

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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## COMPLICATIONS OF PREGNANCY FOR PLANS WITHOUT MATERNITY BENEFIT

### Description:

Maternity services include routine prenatal care and services associated with delivery and postpartum care regardless of whether the delivery is vaginal or by cesarean section.

A complication of pregnancy is a medical illness or sickness that is distinct from the pregnancy but is adversely affected by the pregnancy or caused by the pregnancy. Complications of pregnancy require services over-and-above the non-covered maternity and delivery care services common for every pregnancy.

Coverage of a complication of pregnancy includes only those services supported by clinical documentation as:

1. Medically necessary to treat a BCBSAZ identified complication of pregnancy, and
2. Additional services beyond the non-covered maternity services identified as Benefit Specific Exclusions in the individual benefit plan booklet, and
3. Eligible *only* at the time the complication occurs and *limited to* the duration of the complication, and
4. Identified as a covered complication of pregnancy in the **Criteria** section of this guideline.

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### Definitions:

#### Eclampsia:

Convulsions or coma late in pregnancy. The seizures are unrelated to brain conditions and usually happen after the 20th week of pregnancy.

#### HELLP Syndrome:

Syndrome characterized by Hemolysis, Elevated Liver enzyme levels and a Low Platelet count.

#### Hemorrhage:

Excessive or uncontrollable bleeding that requires transfusion and/or immediate medical intervention to prevent further deterioration of the mother's medical condition.

#### Hyperemesis Gravidarum:

Extreme persistent vomiting during pregnancy leading to weight loss, dehydration, and electrolyte imbalance.

#### Postpartum:

The six week period after delivery.

#### Pre-eclampsia:

The development of swelling, elevated blood pressure, sudden and rapid weight gain, and protein in the urine during pregnancy.



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### Thromboembolic Event:

Formation in a blood vessel of a clot (thrombus) that breaks loose and is carried by the blood stream to plug another vessel. Blood clots may become life-threatening if they break off and travel through the bloodstream to vital organs. When the thrombus blocks a blood vessel in the lungs, it is called a pulmonary embolus. A thromboembolism that blocks blood vessels in the brain or heart can cause a stroke or heart attack.

### Thrombophilia:

Thrombophilia is an increased tendency to form abnormal blood clots, but it is not a thromboembolic disorder. Individuals with a thrombophilia are at somewhat higher than average risk for clot formation. The factor V Leiden mutation is associated with a somewhat increased risk of pregnancy loss, however most women with the factor V Leiden mutation have normal pregnancies.

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### Criteria:

- **If maternity benefit is not available**, only additional services<sup>1</sup> over-and-above the non-covered maternity care services common for every pregnancy, which are considered **medically necessary** to treat a complication of pregnancy, **may be eligible for coverage** at the time the complication occurs during the current pregnancy and **limited to** the duration of the complication, with documentation of **ANY** of the following:
  1. Ectopic pregnancy
  2. Fetal death (spontaneous intrauterine death of a fetus at any time during pregnancy)
  3. Hydatiform mole/molar pregnancy
  4. Hyperemesis gravidarum
  5. Hemorrhage as a result of placenta previa, abruptio placenta or missed abortion (miscarriage)
  6. Thromboembolic event (venous or arterial thrombosis, embolus, thromboembolism)
  7. Toxemias of pregnancy e.g., pre-eclampsia, eclampsia and HELLP syndrome
  8. Uterine rupture
- Conditions that are not caused by the pregnancy, but which coexist with, and/or are adversely affected by the pregnancy, but not previously listed as a complication of pregnancy, may be covered under another benefit in this plan.
- Conditions considered complications of pregnancy are eligible for coverage **only for the duration of the complication of the current pregnancy**. Coverage of a complication of the current pregnancy will, in no way, determine eligibility for a future incident or pregnancy.



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- **If maternity benefit is not available**, maternity services common for every pregnancy, including prenatal care, delivery, and postpartum care, which are **not additional services** required to treat a complication of pregnancy previously listed, are considered a **benefit plan exclusion** and **not eligible for coverage**.

Non-covered maternity services include:

1. Cesarean section unless medically necessary to treat the BCBSAZ-defined complication of pregnancy
2. High risk maternity and delivery
3. Normal maternity and delivery, to include prolonged, preterm, or difficult labor, fetal distress, or difficult delivery
4. Services common to every pregnancy, such as prenatal office visits, labs, ultrasounds, facility charges or anesthesia, as well as the costs associated with the delivery
5. Any complication not specifically listed as a complication of pregnancy in this Evidence-Based Criteria.

Examples of non-covered complications include, *but are not limited to*:

- Failed induction
- Malposition
- Breech presentation
- Multiple birth, fetal-pelvic disproportion
- Premature rupture of membranes
- Repeat C-section

<sup>1</sup> Additional services should be identified utilizing the applicable CPT® codes of the Medicine, Surgery, Radiology, Laboratory and/or Evaluation and Management Services sections of the Current Procedure Terminology publication, as identified by the American Medical Association.

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### Resources:

Literature reviewed 04/02/24. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 04/13/22 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. American Medical Association. CPT® (Current Procedural Terminology). Accessed March 18, 2024. <https://www.ama-assn.org/practice-management/cpt>



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2. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet. January 1, 2023. Accessed March 07, 2024.
3. MedlinePlus. Factor V Leiden Thrombophilia. Updated August 10, 2023. Accessed March 18, 2024. <https://medlineplus.gov/genetics/condition/factor-v-leiden-thrombophilia/>

**Coding:**

CPT: 59100, 59525, 59812, 59820, 59821, 59830, 59870, 59897, 59898, 59899

<b><u>History:</u></b>	<b><u>Date:</u></b>	<b><u>Activity:</u></b>
Medical Policy Panel	04/02/24	Review with revisions
Legal Division	03/07/24	Review with no revisions
Medical Policy Panel	04/04/23	Review with no revisions
Legal Division	03/14/23	Review with no revisions
Medical Policy Panel	04/13/22	Review with no revisions
Legal Division	04/01/22	Review with no revisions
Medical Policy Panel	04/14/21	Review with no changes
Legal Division	03/05/21	Review with no changes
Medical Policy Panel	04/28/20	Review with no changes
Legal Division	04/17/20	Review with no changes
Medical Policy Panel (ad hoc)	07/31/19	Review with no changes
Medical Policy Panel	04/16/19	Approved guideline

**Policy Revisions:**

04/02/24 Updated: Resources section  
04/04/23 Updated: Resources section



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### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'ánii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.



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### Multi-Language Interpreter Services:

Tagalog: Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue Cross Blue Shield of Arizona، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید.]

Assyrian:

Blue Cross Blue Shield of Arizona, imate pravo da dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกำลังช่วยเหลือถามคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณจะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่มีค่าใช้จ่าย โปรดขอยืม โทร 877-475-4799