



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA  
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 09/03/13  
LAST REVIEW DATE: 07/16/24  
CURRENT EFFECTIVE DATE: 07/16/24  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 3RD QTR 2025

---

## PRENATAL MATERNITY CARE FOR THE ON SEMICONDUCTOR SAVER (HDHP)

---

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.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA  
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 09/03/13  
LAST REVIEW DATE: 07/16/24  
CURRENT EFFECTIVE DATE: 07/16/24  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 3RD QTR 2025

---

## PRENATAL MATERNITY CARE FOR THE ON SEMICONDUCTOR SAVER (HDHP)

### Description:

Routine preventive prenatal care services are those services provided to the expectant mother prior to delivery that contribute to the health of the fetus. Services must be provided in an outpatient facility, home, or office setting, and include lab and testing services. Inpatient hospital services are not considered preventive.

---

### Criteria:

- Routine preventive prenatal care services provided in an outpatient facility setting to the expectant mother prior to delivery that contribute to the health of the fetus will waive the in-network deductible and coinsurance for the **ON Semiconductor Saver (HDHP) plan**. This includes lab and testing services.
- Inpatient hospital services are not considered preventive prenatal services and therefore will **not** waive the in-network deductible and coinsurance for the **ON Semiconductor Saver (HDHP)**.

---

### Resources:

1. ON Semiconductor Letter of Agreement 06/25/2010.

---

### Coding:

CPT: Various  
HCPCS: Various

---

### History:

<u>Date:</u>	<u>Activity:</u>
07/16/24	Review with no revisions
06/20/24	Review with no revisions
07/05/23	Review with no revisions
06/01/23	Review with no revisions
07/21/22	Review with no revisions
07/18/22	Review with no revisions
07/20/21	Review with no changes
06/26/21	Review with no changes
06/25/21	Review with no changes
07/21/20	Review with no changes
08/20/19	Review with no changes
11/20/18	Review with no changes
11/28/17	Review with no changes
11/22/16	Review with no changes



An Independent Licensee of the Blue Cross Blue Shield Association

**EVIDENCE-BASED CRITERIA**  
**SECTION: ADMINISTRATIVE PROCEDURE**

**ORIGINAL EFFECTIVE DATE:** 09/03/13  
**LAST REVIEW DATE:** 07/16/24  
**CURRENT EFFECTIVE DATE:** 07/16/24  
**LAST CRITERIA REVISION DATE:**  
**ARCHIVE DATE:**

**NEXT ANNUAL REVIEW DATE: 3RD QTR 2025**

---

## **PRENATAL MATERNITY CARE FOR THE ON SEMICONDUCTOR SAVER (HDHP)**

Medical Director Meeting	09/07/16	Review with no changes
Medical Policy Panel	09/15/15	Review with no changes
Medical Policy Panel	09/02/14	Review with no changes
Medical Policy Panel	09/03/13	Approved guideline

### **Policy Revisions:**



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA  
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 09/03/13  
LAST REVIEW DATE: 07/16/24  
CURRENT EFFECTIVE DATE: 07/16/24  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 3RD QTR 2025

## PRENATAL MATERNITY CARE FOR THE ON SEMICONDUCTOR SAVER (HDHP)

### 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 nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'ánii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kojí' bich'í'í hodíílnih 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 تساعدته 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.

