

Contra Costa Health Plan

Utilization Management

Title: Direct Access to Obstetricians/Gynecologists

Policy #: UM15.032

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Reviewer: Dennis Hsieh, MD, JD, CMO

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Applies to:

Medi-Cal

Medicare

Commercial

BAC

State Sponsored

All

N/A

Regulatory/Accreditation:

DHCS: H&S 1367.695

CMS:

DMHC:

Other Reg. References:

NCQA:

N/A

Knox Keene

Health Insurance –

Social Security Act, Section 10123.84

Units:

Administration

Advice Nurses

All Staff

Business Services

Case Management

Health Ed/Cultural Ling.

Marketing

Member Services

Planning, Survey, Reg Affairs

Provider Affairs

Quality Management

Utilization Management

POLICY

Subject to procedures outlined in this policy, Contra Costa Health Plan (CCHP) shall allow members access to obstetrical and gynecological (OB/GYN) services directly from its network of obstetrician, gynecologist, or a family practice physician and surgeon designated by the Plan as providing OB/GYN services without referral or prior authorization. Direct health care services provided by ob-gyn providers includes, but is not limited to, annual well-woman examinations; care related to pregnancy; family planning services; care for all active gynecologic conditions; and diagnosis, treatment and referral for any disease or condition within the scope of the professional practice of a properly credentialed ob-gyn provider.

To a broader extent, Medi-Cal members can obtain OB/GYN care with any contracted Health Plan OB/GYN provider.

PURPOSE

To comply with regulatory guidelines that allows direct access for members to obstetricians or gynecologists within their provider network.

PROCEDURE

CCHP will allow members the option to seek obstetrical and gynecological provider services directly from an in-network obstetrician and gynecologist or directly from a participating family practice or surgeon designated by the Plan as providing obstetrical and gynecological services. As stated in the "Policy" section above, Medi-Cal members have direct access to RMC or CPN obstetrician, gynecologist, family practice or surgeon who is licensed to provide OB/GYN services.

1. CCHP will adopt, at a minimum, the diagnoses (ICD-10 codes) detailed in Provider Services, Attachment 1 as applicable conditions in which direct OB/GYN access is allowed. Services for diagnoses not specified in Attachment 1, must be reviewed by the CCHP Utilization

Management Department. Using these diagnosis codes as minimum inclusion criteria, CCHP shall apply similar utilization criteria/limits used for other services (e.g. maximum number of visits, maximum expenses, surgical CPT codes, etc.) before requiring prior authorization.

2. Members shall not be required to obtain a referral nor prior approval from another provider before accessing the obstetrical and gynecological provider services.
3. The provider providing obstetrical and/or gynecological services should communicate with the member's primary care provider regarding the member's condition, treatment, and any need for follow-up care.
4. CCHP will reimburse network providers providing services for these diagnoses, according to their contractual agreement.

PROVIDER SERVICES

Obstetrical, gynecological, family planning and well women exams shall include the ICD-10 diagnosis codes listed below; and other unlisted diseases and injury involving the genital, reproductive, or breast areas. The CCHP Claims Unit will contact the Utilization Management Unit for any claim submitted under this provision when the diagnosis is not specifically listed.

042	Human immunodeficiency virus (HIV)
54.1	Genital herpes
078.0, 078.1	Viral Infections – molluscum, HPV
079	Chlamydia infection – otherwise unspecified
090-099	Syphilis and other venereal diseases
112.1, 112.2	Candidiasis
131	Trichomoniasis
174	Malignant neoplasm of the female breast
179-184, 188-189	Malignant neoplasm of genitourinary organs
217	Benign neoplasm of female breast
218	Uterine leiomyoma
219-221	Other benign neoplasm of uterus, ovary, other female genital organs
232.5	Carcinoma breast, groin
233-233.3, 233.7-233.9	Carcinoma in situ of breast and genitourinary system
236.0-236.3, 236.7-236.9	Neoplasm of uncertain behavior of genitourinary organs
256	Ovarian Dysfunction
590-599 610-629	Diseases of the genitourinary system (excludes services unrelated to the breast, urinary or genitals)
630-677	Complications of pregnancy, childbirth and the puerperium
760-779	Certain conditions originating in the perinatal period
V01.6	Exposure to venereal disease
V02.7	Gonorrhea
V02.8	Other venereal diseases
V10.4	Personal history of malignant neoplasm of genital organs
V10.5	Personal history of malignant neoplasm of urinary organs
V13.2	Personal history of other genital system and obstetric disorders
V16.3	Family history of malignant neoplasm of breast
V16.4	Family history of malignant neoplasm of genital organs
V16.5	Family history of malignant neoplasm of urinary organs
V22-V24	Pregnancy
V25	Family planning
V28	Antenatal screening
V71.5	Examination following rape or seduction
V72.3	Gynecological examination
V74.5	Screening for venereal disease
V76.1	Screening for malignant neoplasm of breast
V76.2	Screening for malignant neoplasm of cervix