Audience: CC All Location: Benefits/A-Z List Updated: 11.20.20

sted: 11.20.20 Reviewed: 11.20.20

Electronic Fetal Monitoring

Also known as

- 1. Contraction test
- 2. Fetal non-stress test
- 3. Fetal stress test

Description

Electronic fetal monitoring is a procedure used to continuously record the heartbeat of the fetus and the contractions of the mother's uterus during labor to help the doctor detect signs of fetal problems. There are two types of monitoring, external and internal. For external monitoring, two belts are wrapped around the mother's abdomen, one to detect the fetal heart rate, the other to measure contractions. For internal monitoring, a wire electrode is placed on the baby's scalp, through the cervix, to record the fetal heart rate.

See also

Similar, related, or easily confused documents.

- Prenatal and Maternity Commercial Customer Service
- Prenatal and Maternity Individual and Family Business (IFB)

Commercial

Coverage depends on the claim's date of service (DOS).

Claim DOS	Benefit	
Before 1.1.21	Covered under prenatal benefits.	
	Note: This is only done in emergency situations. It is not part of standard prenatal care.	
1.1.21 and after	Covered based on place of service. Quote outpatient hospital benefits.	
	 Tip: Look for plan language: Outpatient care services that are not considered preventive health services. Note: This is only done in emergency situations. It is not part of standard prenatal care. 	

Government Programs

Refer to the table below.

Plan	Coverage				
AccessAbility	Medicaid only groups:				
(SNBC),	• Refer to Medicaid below.				
Minnesota					
Senior Care	Medicare eligible groups:				
Plus (MSC+)	 Covered under prenatal benefits. 				
	 Note: This is only done in emergency situations. It is not part of standard prenatal care. 				
	Medicare is the primary payer.				
	Follows Medicare guidelines.				
	If no Medicare eligibility, Medicaid applies. Refer to <u>Medicaid</u> below.				
AccessAbility	Covered under prenatal benefits.				
Enhanced	• Note: This is only done in emergency situations. It is				
(SNBC SNP),	not part of standard prenatal care.				
DUAL (MSHO)	· ·				
	, , , , ,				
Advantage	Covered under prenatal benefits.				
	Note: This is only done in emergency situations. It is				
	not part of standard prenatal care.				
	Refer to the EOC for primary or specialist cost sharing.				
	Follows Medicare guidelines.				
	Provider must bill per <u>Medicare Product Grid</u> .				
	Medica is the only payer.				
Advantage	Covered under prenatal benefits.				
PartnerCare	Note: This is only done in emergency situations. It is				
(I-SNP) not part of standard prenatal care.					
	Refer to the EOC. Copays depend on place of service.				
	Provider must bill per <u>Medicare Product Grid</u> .				
	Medica is the only payer.				

Government Programs, continued

Plan	Coverage			
Medicaid	Covered under prenatal benefits.			
(SPP)	• Note: This is only done in emergency situations. It is			
	not part of standard prenatal care.			
Prime	Covered under prenatal benefits.			
	 Note: This is only done in emergency situations. It is not part of standard prenatal care. 			
	 Refer to the EOC for primary or specialist cost sharing. 			
	• Follows Medicare guidelines.			
	• Provider must bill per Medicare Product Grid.			
	• Reminder: Members can use non-Medica Service Area			
	providers. Refer to <u>Out-of-MSA Benefits</u> .			
Select,	Covered under prenatal benefits.			
Signature	Note: This is only done in emergency situations. It is			
Jigilatare	not part of standard prenatal care.			
	 Medicare supplement. Medicare is the primary payer. 			
	• Follows Medicare guidelines.			
	Tollows Wedicare galacines.			

Individual and Family Business (IFB)

Covered under prenatal care services that are not considered preventive health services as defined in this Policy.

• **Note**: This is only done in emergency situations. It is not part of standard prenatal care.

Medica Health Plan Solutions (MHPS)

Coverage depends on the claim's date of service (DOS).

Claim DOS	Benefit		
Before 1.1.21	Covered under prenatal benefits.		
	Note: This is only done in emergency situations. It is not part of standard prenatal care.		
1.1.21 and after	Covered based on place of service. Quote outpatient hospital benefits.		
	 Tip: Look for plan language: Outpatient care services that are not considered preventive health services. Note: This is only done in emergency situations. It is not part of standard prenatal care. 		

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
11.20.20	Updated to new template.
11.20.20	Refreshed due to age and 2021 CBA changes.

Applicability						
Business Segments						
■ All □ AHP □ COM-ISET □ COM-HR □ GOVT-ISET □ GOVT-HR □ IFB □ MHPS □ PSC						
Specific Clients/Products						
■ All □ Other:						
System						
☐ HealthRules ☐ ISET (Choose an item.) ■ N/A ☐ Other:						
Departments						
■ All □ Billing □ Call Center □ Claims □ Enrollment □ Payment Integrity □ Other:						
Approved By	Document Owner	Date				
A-Z Review Team	KNTWs	11.20.20				