



Policy: GG.1120
Title: **Inpatient Length of Stay for Obstetrical Delivery**
Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 12/20/2024

Effective Date: 06/01/1999

Revised Date: 12/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the standard length of stay for a Member admitted for an obstetrical delivery, in compliance with state and federal guidelines.

II. POLICY

- A. Covered Services shall include inpatient hospital care for a Member admitted for an obstetrical delivery as outlined in Section III.C of this Policy.
- B. A Member shall have the right to:
1. Elect to continue receiving inpatient hospital care for an obstetrical delivery for the entire timeframe specified in Section III.C. of this Policy; or
 2. Accept a shorter inpatient hospital stay if:
 - a. The treating Physician, in consultation with the Member, decides to discharge the Member and newborn earlier than the time frame specified in Section III.C of this Policy; and
 - b. The treating Physician informs the Member of the availability of an early discharge follow-up visit within forty-eight (48) hours after discharge.

III. PROCEDURE

- A. A CalOptima Health Direct Member shall obtain authorization for Covered Services in accordance with CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers.
- B. A Health Network Member shall obtain authorization for Covered Services in accordance with Health Network authorization processes and CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.

- C. Covered Services shall include inpatient hospital care for a Member admitted for an obstetrical delivery as follows:
1. Normal Vaginal Delivery: For a time period not less than the immediate forty-eight (48) hours after delivery; or
 2. Cesarean Section Delivery: For a time period not less than the immediate ninety-six (96) hours after delivery.
- D. Continued Medically Necessary hospitalization beyond two (2) calendar days following a vaginal delivery, or beyond four (4) calendar days following a cesarean section, shall require authorization for continued hospitalization from CalOptima Health or a Health Network.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
- D. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- E. Department of Health Care Services (DHCS) MMCD Policy Letter (PL) 12-003: Obstetrical Care-Perinatal Services (supersedes PL 12-001 and 96-01)
- F. Health and Safety Code, §1367.62
- G. Title 22, California Code of Regulations (CCR), §51327
- H. Welfare and Institutions Code, §14132.42

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	06/01/1999	GG.1120	Inpatient Length of Stay for OB Delivery	Medi-Cal
Revised	09/01/2004	GG.1120	Inpatient Length of Stay for OB Delivery	Medi-Cal
Revised	11/01/2015	GG.1120	Inpatient Length of Stay for OB Delivery	Medi-Cal OneCare OneCare Connect
Revised	10/01/2016	GG.1120	Inpatient Length of Stay for OB Delivery	Medi-Cal OneCare OneCare Connect

Action	Date	Policy	Policy Title	Program(s)
Revised	10/01/2017	GG.1120	Inpatient Length of Stay for OB Delivery	Medi-Cal OneCare OneCare Connect
Revised	10/01/2019	GG.1120	Inpatient Length of Stay for OB Delivery	Medi-Cal OneCare OneCare Connect
Reviewed	10/01/2020	GG.1120	Inpatient Length of Stay for OB Delivery	Medi-Cal OneCare OneCare Connect
Revised	05/01/2021	GG.1120	Inpatient Length of Stay for OB Delivery	Medi-Cal OneCare OneCare Connect
Reviewed	12/31/2022	GG.1120	Inpatient Length of Stay for Obstetrical Delivery	Medi-Cal OneCare
Reviewed	12/01/2023	GG.1120	Inpatient Length of Stay for Obstetrical Delivery	Medi-Cal OneCare
Reviewed	12/01/2024	GG.1120	Inpatient Length of Stay for Obstetrical Delivery	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Covered Services	<p><u>Medi-Cal</u>: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is

Term	Definition
	<p>responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services;</p> <ol style="list-style-type: none"> 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers for Medicare & Medicaid Services (CMS) Contract.</p>
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Hospital Services	Covered Services provided in an acute care hospital, long term care facility, or rehabilitation hospital.
Length of Stay Assignment	CalOptima Health authorizes an inpatient admission and length of stay using nationally recognized, evidence-based criteria as approved by CalOptima Health's Utilization Management (UM) Committee.

Term	Definition
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model program, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a Specialty Care Provider or clinic.