

Medical Policy: Direct Access OB/GYN Services

Effective Date: 04/19/99

Revised: 6/2000, 2/2007, 11/1/11, 4/16/12, 5/11/15, 2/20/25

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/12/16,
2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/2, 2/17/22, 2/2/23,
2/8/24

DIRECT ACCESS OB/GYN SERVICES

Policy:

The Ventura County Health Care Plan (VCHCP) encourages its members to choose a Primary Care Physician (PCP) who can provide a broad range of services, including routine physical examinations. Nonetheless, in accordance with § 1367 .695 of the California Health & Safety Code, it is the policy of the Ventura County Health Care Plan (VCHCP) that female members may refer themselves to contracted obstetricians/ gynecologists (OB/GYN) or to selected Family Practice Physicians for the purpose of obtaining most obstetrical and/or gynecological services. The Plan will maintain a list of the participating providers for Direct Access OB/GYN Services. Plan prior authorization is required for all other providers.

Such services are limited to those commonly understood to be of an obstetrical or gynecological nature, which are defined more specifically below. Abnormalities found during such visits are to be discussed with the patient. The Provider shall forward a written report to the member's PCP for all care rendered. This written communication requirement does not apply to the supervision of a normal pregnancy.

SERVICES COVERED FOR DIRECT ACCESS OB/GYN

Obstetrical and gynecological services such as pregnancy, well-woman gynecological exams, primary and preventive gynecological care and acute gynecological conditions. Cervical cancer screening shall include the conventional Pap test, human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA) and the option of any cervical cancer screening test approved by the FDA and will be covered based on the frequency recommended in the Plan's most recently adopted Preventive Health Guidelines.

The below conditions may be treated upon Member self-referral, subject to the exclusions in the section following:

- Anogenital Herpesviral infection, unspecified (A60.9)
- Syphilis, unspecified (A53.9, A51.0, A51.2, A64, A63.8, A56.02, Z86.19)
- Malignant Neoplasm of the female genital organ (C57.9)
- Leiomyoma of uterus, unspecified (D25.9)
- Carcinoma in situ of cervix, unspecified (D06.9)
- Neoplasm of uncertain behavior of uterus (D39.0)
- Neoplasm of uncertain behavior of unspecified ovary (D39.10)
- Neoplasm of uncertain behavior of placenta (D39.2)
- Neoplasm of uncertain behavior of other and specified female genital organs (D39.8)
- Neoplasm of uncertain behavior of female genital organ, unspecified (D39.9)

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- Neoplasm of unspecified behavior of breast (D49.3)
- Sexual dysfunction, unspecified (R37)
- Acute Cystitis without hematuria N30 or Acute Cystitis with hematuria (N30.01)
- Other Urethritis (N34.2)
- Disorders of breast (N60-N65)
- Inflammatory diseases of female pelvic organs (N70-N77)
- Ectopic and Molar pregnancy complications (O08-O08.9)
- Pregnancy with abortive outcome (O00-008)
- Related to Pregnancy and Maternal disorders 020-024
- Normal delivery, and other indications for care in pregnancy, labor, and delivery (650-659) Normal delivery, and other indications for care in pregnancy, labor, and delivery O80
- Complications occurring mainly during labor and delivery (660-669) Complications occurring mainly during labor and delivery O60-O77
- M81.0 postmenopausal osteoporosis
- Periumbilical Pain R10.33
- Unspecified abnormal cytological findings in specimens from cervix uteri (R87.619)
- Encounter for supervision of normal first pregnancy Z34.00
- Supervision of high-risk pregnancy, unspecified, unspecified trimester (O09.90)
- Encounter for care and examination of mother immediately after delivery (Z39.0)
- Encounter for contraceptive management, unspecified (Z30.9)
- Encounter for gyn exam w/o abnormal findings Z01.419
- Encounter for pregnancy test, result unknown Z32.00

SERVICES EXCLUDED FROM DIRECT ACCESS OB/GYN

The following services are specifically excluded from Direct Access OB/Gyn:

1. Elective termination of pregnancy (Z33.2) are excluded from this Agreement: these are exclusively provided through other contractors.
2. Elective procedures for covered diagnoses.
3. Deliveries to hospitals other than contracted facilities.
4. Infertility associated with anovulation (N97.0) and Encounter for procreative management (Z31.9); pre- authorization is required to clarify and coordinate coverage and/or copayments, which differ among the VCHCP benefit plans.
5. Follow-up, testing or treatment of non-specific, non-gynecological problems, including, by example and without limitation, diabetes, hypertension, fatigue, depression, arthritis, abdominal pain.

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6. Services outside VCHCP's licensed service area of Ventura County, including tertiary care referrals and second opinions.

Provider agrees to support an onsite audit of medical records by Plan, at mutually determined time, which may include a retrospective review of the Medical Necessity of covered services.

Attachments: None

History:

Reviewer/Author: Richard Ashby, MD; Date: 04/19/99
Reviewed/Revised: Richard Ashby, MD; Date: June 2000
Reviewed/Revised: Cynthia Wilhelmy, MD; Date: 01/30/07
Committee Review: UM: February 20, 2007; QAC: February 27, 2007
Reviewed/Revised: Albert Reeves, MD; Date: 11/1/11
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Reviewed/No Changes: Albert Reeves, MD; Date: 4/16/12
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Reviewed/No Changes: Albert Reeves, MD; Date: 1/28/13
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Reviewed/No Changes: Catherine Sanders, MD
Committee Review: February 13, 2014; QAC: February 25, 2014
Reviewed/No Changes: Catherine Sanders, MD
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Reviewed/Updated: Catherine Sanders, MD; Date: 5/11/15
Committee Review: May 14, 2015 QAC: June 2, 2015
Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD
Committee Review: UM: February 11, 2016; QAC: February 23, 2016
Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling
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Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling
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Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
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 Committee Review: UM: February 20, 2025; QAC: February 25, 2025

References:

1367 .695 & 1367.66 of the California Health & Safety Code

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
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2/2/23	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/8/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/20/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Replaced ICD 9 codes with ICD 10 codes