MEDICAL POLICY

Excellus
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Medical Policy Title	**Home Birth by Certified Nurse Midwives**
Policy Number	**11.01.23**
Current Effective Date	**October 16, 2025**
Next Review Date	**October 2026**

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Home birth is considered **medically appropriate** when:

   A. Performed by a licensed midwife who is also licensed as a registered nurse and, therefore, authorized to use the title "certified nurse midwife" (CNM); **AND**

   B. When the individual is essentially healthy (refer to the rationale section for further information on medical conditions and other factors indicating increased risk).

II. If there are no participating CNMs who perform home births, the member may request a referral to a non-participating CNM. (For purposes of this policy, CNM also includes certified midwives.)

   A. In order for a referral to a non-participating CNM to be **eligible for coverage**, **ALL** of the following criteria must be met:

      1. The CNM has a current license issued by the state in which the CNM practices; **AND**
      2. The CNM satisfies the collaborative relationship requirements set forth in Policy Statement I above; **AND**
      3. The CNM has professional liability/malpractice insurance for no less than $1 million for each individual incident and $3 million for multiple incidents against the insured in any given insurance year (typically states as $1 million/$3 million) that expressly covers home births.

RELATED POLICIES

Not Applicable

POLICY GUIDELINE(S)

I. Section 6951 of the New York Education Law defines the practice of midwifery as the management of normal pregnancies, childbirth and postpartum care, as well as primary preventive reproductive health care of essentially healthy women, and shall include newborn evaluation, resuscitation, and referral for infants.

II. The Health Plan's insured contracts provide coverage for maternity care for normal pregnancy when services are rendered by a midwife who is licensed and acting within the scope of practice of Section 6951 of the Education Law, and who has a collaborative relationship with a hospital licensed under Article 28 of the New York Public Health Law.

III. The New York Education Law requires that a licensed midwife have collaborative relationships with:

A. A licensed physician who is board-certified as an obstetrician-gynecologist by a national certifying body; or

B. A licensed physician who practices obstetrics, has obstetric privileges at a general hospital licensed under Article 28 of the New York Public Health law, and is credentialed to perform a Caesarean delivery (C-section); or

C. A hospital, licensed under Article 28 of the Public Health Law, that provides obstetrics through a licensed physician with obstetrical privileges at the hospital; that provides for consultation, collaborative management, and referral to address the health status and risks of the midwife's patients; and that include plans for emergency medical gynecological and/or obstetrical coverage.

IV. A licensed midwife must maintain documentation of such collaborative relationship(s) and must make information about such collaborative relationship(s) available to patients. A licensed midwife who fails to comply with these requirements shall be subject to the professional misconduct provisions of the New York Education Law.

V. Before a referral to a non-participating CNM will be approved, documentation of the three requirements set forth in Policy Statement II. A. 1, 2, and 3 above (license, collaborative relationship, and malpractice insurance) must be submitted for review. If documentation of these three requirements is received, and the request is determined to be appropriate based on the member's health condition and proximity of providers, as well as the ability of the CNM to provide the services in a safe and appropriate manner, the referral will be approved.

VI. Requests for referrals to non-participating CNMs will be evaluated on an individual case basis to determine if the requested home birth is appropriate. The evaluation shall include the patient's health risk and the proximity of the back-up physician or local hospital. For example, where the back-up physician and closest hospital are more than 30 miles from the patient's home, a referral will not be approved.

DESCRIPTION

The CNM is a licensed professional who has completed a program that includes a pharmacology component or its equivalent. CNMs are authorized to prescribe and administer drugs, immunizing agents, diagnostic tests, and devices, as well as to order laboratory tests. The term "midwifery" and "midwife" includes the profession of midwifery and a licensed midwife. The practice of the profession of midwifery is defined as the management of normal pregnancies, childbirth and postpartum care as well as primary preventive reproductive health care of essentially healthy women, and shall include newborn evaluation, resuscitation and referral for infants.

SUPPORTIVE LITERATURE

This policy is based upon Health Plan contract benefits and is intended to clarify those benefits.

PROFESSIONAL GUIDELINE(S)

The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion No. 697: Planned Home Birth 2017; reaffirmed 2020, reported that, in the United States, approximately 35,000 births (0.9%) per year occur in the home. Approximately one-fourth of home births are unplanned or unattended. Although the ACOG takes the position that hospitals and accredited birth centers are the safest settings for birth, each woman has the right to make a medically informed decision about delivery. Importantly, women should be informed that several factors are critical to reducing perinatal mortality rates and achieving favorable home birth outcomes.

These factors include:

I. The appropriate selection of candidates for home birth;

II. The availability of a licensed midwife whose education and licensure meet International Confederation of Midwives' Global Standards for Midwifery Education, or a physician practicing obstetrics within an integrated and regulated health system;

III. Ready access to consultation; and

IV. Access to safe and timely transport to nearby hospitals.

The Department of Health and Human Services National Institutes of Health (DHHS NIH) defined a high-risk pregnancy as a pregnancy when the mother or the fetus's health are at a greater risk than an uncomplicated pregnancy. Pregnancy already places the body under circumstances of additional physical and emotional stress. Health conditions that a woman had previously or that develops during pregnancy is an aspect that can cause a pregnancy to be considered high-risk.

The National Institute of Child Health and Human Development (NICHD) is one of many federal agencies working to improve pregnancy outcome, prevent high-risk pregnancy, and improve health outcomes for pregnant women who are at high risk. For most women, early and regular prenatal care promotes a healthy pregnancy and delivery without complications. However, for a variety of reasons, some women are at an increased risk for complications even before they get pregnant for a variety of reasons. Risk factors for a high-risk pregnancy can include existing health conditions, such as high blood pressure, diabetes, or HIV.

According to the ACOG, more than half of all pregnant women in the United States are overweight or obese. Obesity increases the risk for high blood pressure, preeclampsia, gestational diabetes, stillbirth, neural tube defects, and C-section. NICHD researchers have found that obesity can raise infants' risk of heart problems at birth by 15%. The risk of complications is higher in women carrying more than one fetus (twins and higher-order multiples). Common complications include preeclampsia, premature labor, and preterm birth. More than half of all twins and as many as 93% of triplets are born at less than 37 weeks' gestation. Pregnancy in teens and women aged 35 or over increases the risk for preeclampsia and gestational high blood pressure. Women with high-risk pregnancies should receive care from a special team of health care providers to ensure that their pregnancies are healthy and that they can carry their infant or infants to term.

A clinical bulletin published by the American College of Nurse-Midwives (2016), Criteria for Provision of Home Birth Services, states: "The goal of selection criteria in a home birth midwifery practice is to identify the client who, by all current scientific, medical, and midwifery knowledge and standards, has an excellent prognosis for a normal, healthy pregnancy, birth, and postpartum course." Women with medical conditions (e.g., previous C-section (VBAC), diabetes, hypertension, seizure disorder, or other uterine surgery, premature labor, preeclampsia, multiple fetuses, breech position fetus) and women who have not received the appropriate level of prenatal care) should not be considered for a planned home birth. All women planning a home birth should have a contingency plan for transfer to a properly staffed and equipped hospital, should complications arise.

According to a 2023 clinical guideline published by the National Institute for Health and Clinical Excellence (NICE), the following tables represent medical conditions or situations in which there is increased risk for the woman or baby during or shortly after labor, where care in a hospital or birthing center would be expected to reduce this risk.

Medical Conditions Indicating Increased Risk Suggesting Planned Birth at a Hospital or Birthing Center

Disease Area	Medical Condition
Cardiovascular	Confirmed cardiac disease, hypertensive disorders.
Respiratory	Asthma requiring an increase in treatment or hospital treatment, cystic fibrosis.
Hematological	Hemoglobinopathies – sickle-cell disease, beta-thalassemia major, history of thromboembolic disorders, immune thrombocytopenia purpura or other platelet disorder or platelet count below 100,000, Von Willebrand's disease, bleeding disorder in the woman or unborn baby, atypical antibodies which carry a risk of hemolytic disease of the newborn.
Infective	Hepatitis B or C with abnormal liver function tests, toxoplasmosis – woman receiving treatment, current active infection of chicken pox, rubella, or genital herpes in the woman or baby, tuberculosis under treatment.
Immune	Systemic lupus erythematosus, scleroderma.
Endocrine	Hyperthyroidism, diabetes.
Renal	Abnormal renal function, renal disease requiring supervision by a renal specialist.
Neurological	Epilepsy, myasthenia gravis, previous cerebrovascular accident.
Gastrointestinal	Liver disease associated with current abnormal liver function tests.
Psychiatric	Psychiatric disorder requiring current inpatient care.

Other Factors Indicating Increased Risk Suggesting Planned Birth at an Obstetric Unit

Factor	Additional Information
Previous complications	Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty, previous baby with neonatal encephalopathy, pre-eclampsia requiring preterm birth, placental abruption with adverse outcome.
Current pregnancy	Multiple birth, placenta previa, pre-eclampsia or pregnancy-induced hypertension, preterm labor or preterm prelabor rupture of membranes, placental abruption, anemia – hemoglobin less than 8.5 g/dl at onset of labor, confirmed intrauterine death, substance misuse, alcohol dependency requiring assessment or treatment, gestational diabetes needing medication, malpresentation – breech or transverse lie, recurrent antepartum hemorrhage, small for gestational age in current pregnancy (less than 3rd percentile or reduced growth velocity on ultrasound), abnormal fetal heart rate (FHR) or doppler studies, ultrasound diagnosis of oligo- or poly-hydramnios.
Previous gynecological history	Myomectomy, hysterotomy.

Medical Conditions Indicating Individual Assessment when Planning Place of Birth

Disease Area	Medical Condition
Cardiovascular	Cardiac disease without intrapartum implications
Hematological	Atypical antibodies not putting the baby at risk of hemolytic disease, sickle-cell trait, thalassemia trait, anemia – hemoglobin 8.5–10.5 g/dl at onset of labor.
Infective	Hepatitis B or C with normal liver function tests (as baby will need pediatric review after birth), Group B streptococcus where intrapartum intravenous antibiotics are recommended, carrier of/infected with HIV.
Immune	Non-specific connective tissue disorders.
Endocrine	Unstable hypothyroidism such that a change in treatment is required.
Skeletal and neurological	Spinal abnormalities, previous fractured pelvis, neurological deficits.
Gastrointestinal	Liver disease without current abnormal liver function, Crohn's disease, ulcerative colitis.

Other Factors Indicating Individual Assessment when Planning Place of Birth

Factor	Additional Information

Previous complications	Stillbirth or neonatal death with a known non-recurrent cause, pre-eclampsia developing at term, placental abruption with good outcome, history of previous baby more than 10 pounds/4.5 kg, extensive vaginal, cervical, or third- or fourth-degree perineal trauma, previous term baby with jaundice requiring exchange transfusion, retained placenta needing manual removal in theatre, major gynecological surgery.
Current pregnancy	Antepartum bleeding of unknown origin (single episode after 24 weeks of gestation), body mass index of 30 - 35 kg/m^2, blood pressure of 140 mmHg systolic or 90 mmHg diastolic or more on two (2) occasions, clinical or ultrasound suspicion of macrosomia, induction of labor, para 4 or more, recreational drug use, under current outpatient psychiatric care, age over 40 at booking, fibroids, fetal abnormality.

REGULATORY STATUS

Refer to Policy Guidelines.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps), including postpartum care
59430	Postpartum care only (separate procedure)

HCPCS Codes

Code	Description
Not Applicable	

ICD10 Codes

Code	Description
Z33.1	Pregnant state, incidental
Z34.00-Z34.93	Encounter for supervision of normal pregnancy (code range)
Z37.00-Z37.9	Outcome of delivery (code range)

REFERENCES

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New York State Education Department [Internet]. Education Law Article 140, Midwifery. 2010 Nov 1 [accessed 2025 Sept 17]. Available from: https://www.op.nysed.gov/professions/midwifery/laws-rules-regulations/article-140

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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for home births by certified nurse midwives. However, Nurse Midwife services are addressed in the chapter on Covered Medical and Other Health Services, Section 180, in the Medicare Benefit Policy Manual. Please refer to the following website for Medicare Members: http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf [accessed 2025 Sept 3].

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

12/11/08, 12/10/09, 12/09/10, 12/08/11, 05/15/12, 04/25/13, 04/24/14, 04/23/15, 04/28/16, 10/26/17, 10/25/18, 10/24/19, 10/22/20, 10/28/21, 10/20/22, 10/19/23, 10/17/24, 10/16/25

Date	Summary of Changes
10/16/25	• Annual update; previous policy statements regarding collaborative relationships and non-participating CNMs moved to policy guidelines.
01/01/25	• Summary of changes tracking implemented.
12/11/08	• Original effective date