

Obstetrical Guidelines

CHART

SoonerCare	SoonerCare Choice	Soon-to-be-Sooners
	Health care coverage for pregnant and postpartum women eligible for SoonerCare.	Coverage for the pregnant woman limited to pregnancy-related health care services for the benefit of the baby. Benefits for the mother end upon delivery or at time of miscarriage.
OFFICE VISITS:		
Routine Visits	Covered	Covered
Specialty Visits	4 per month	Covered
HOSPITAL CARE:		
Delivery Services	Covered	Covered
Inpatient	Covered	Covered for obstetrical emergencies only
ULTRASOUNDS:		
Must be performed by an OB/GYN*, radiologist, OHCA-contracted maternal-fetal medicine specialist (MFM)*, nurse midwife, family practice physician, or advanced nurse practitioner in OB, certified in OB ultrasonography.		
1 st Trimester Abdominal or Transvaginal	1 per pregnancy	1 per pregnancy
Abdominal During 2 nd or 3 rd Trimester	1 per pregnancy	1 per pregnancy
SPECIALTY ULTRASOUNDS*:		
For women with suspected or identified fetal maternal abnormalities. A small number of conditions do not require MFM referral but still require a PA for high-risk OB (HROB) services.		
Fetal/Maternal Evaluation with Detailed Fetal Anatomic Exam (initial)	One to confirm HROB without PA	One to confirm HROB without PA
Additional Specialty Ultrasounds	Prior Authorization required for more than 3	PA required for more than 3
OTHER COVERED SERVICES:		
Pap Smears	Covered	Not Covered
SoonerRide	Covered	Covered
Prescriptions	Covered, some require PA	Products related to pregnancy are covered, some require PA
Labs and Some Diagnostics Related to Pregnancy	Covered	Covered
Vaccine	All ACIP recommended vaccines are covered	Influenza and TDAP only
Maternal and Infant Health Social Work Services	Covered while pregnant and up to 60 days postpartum	Covered while women are pregnant only



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OTHER COVERED SERVICES:		
Lactation Consultation Services	Lactation Consultant services are covered for pregnant women and women up to twelve (12) months postpartum. SoonerCare members may self-refer or be referred by any provider.	Covered while women are pregnant only
Tobacco Cessation	Covered, counseling and tobacco cessation medications	Covered, counseling and tobacco cessation medications
Genetic Counseling/Testing	Covered for counseling and testing	Covered for counseling; Genetic testing is not covered
Diabetes Testing Supplies	Covered-PA required after 150 strips/lancets per month	Covered-PA required after 150 strips/lancets per month
HROB CARE – ADDITIONAL LIMITED SERVICES FOR APPROVED HIGH RISK PREGNANCY CONDITIONS:		
Fetal Non-stress Tests	PA required (max of 5; more allowed for multiple fetuses)	PA required (max of 5; more allowed for multiple fetuses)
Biophysical Profiles	PA required (max of 5; more allowed for multiple fetuses)	PA required (max of 5; more allowed for multiple fetuses)
Additional Ultrasounds	PA required	PA required
Enhanced Antepartum Management	PA required	PA required
VISION COVERAGE:		
Vision Checks	Only for individuals age 20 and under	Not covered
DENTAL BENEFITS:		
Preventive (dental cleanings and fluoride); restorative (silver and tooth-colored fillings); full and partial dentures and extractions	Preventive (dental cleanings and fluoride); restorative (silver and tooth-colored fillings); full and partial dentures and extractions.	Necessary for the health and well-being of the unborn child during pregnancy and birth.
DOULA SERVICES:		
When pregnant or within the postpartum period. Limited to eight (8) prenatal/postpartum visits and one (1) labor and delivery care visit. Additional visits approved based on medical necessity.	When pregnant or within the postpartum period. Limited to eight (8) prenatal/postpartum visits and one (1) labor and delivery care visit. Additional visits approved based on medical necessity.	When pregnant or within the postpartum period. Limited to eight (8) prenatal/postpartum visits and one (1) labor and delivery care visit. Additional visits approved based on medical necessity.
POSTPARTUM COVERAGE:		
Eligible for twelve (12) months after end of pregnancy.	Eligible for twelve (12) months after end of pregnancy.	Not eligible unless billed with global delivery CPT code.
ULTRASOUNDS:		
In an ER setting when medically necessary.	In an ER setting when medically necessary.	In an ER setting when medically necessary.

Insure Oklahoma Individual Plan - Pregnant women on the IO Individual Plan are exempt from copays for prenatal care. Medications are limited to six per month, not including prenatal vitamins and smoking cessation products, and physician visits (including specialty care) are limited to four per month. These members are eligible for genetic testing, but their benefits do not include SoonerRide.

***These providers can be board eligible/board certified.**

****Effective September 1, 2015, obstetricians may request HROB services without MFM participation. See Medical Authorization Unit webpage for list of covered diagnoses: www.okhca.org/mau.**

Coverage benefits effective 11/13/2019-accurate at time of posting and is subject to change.



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Health Care Authority



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