

CHAPTER 3
SECTION 13.2

MATERNITY CARE

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Authority: [32 CFR 199.4\(c\)\(2\)\(i\)](#), [\(e\)\(16\)](#), [\(g\)\(5\)](#), [\(g\)\(34\)](#), and [\(g\)\(36\)](#)

I. PROCEDURE CODES

59000 - 59899, 82105, 82106, 82677, 82731, 84702

II. DESCRIPTION

Maternity care is the medical services related to conception, delivery and abortion, including prenatal and postpartum care (generally through the sixth post-delivery week), and treatment of complications of pregnancy.

III. POLICY

A. Services and supplies associated with antepartum care (including well-being of the fetus), childbirth, postpartum care, and complications of pregnancy may be cost-shared.

B. The mother and child hospital length-of-stay benefit may not be restricted to less than 48 hours following a normal vaginal delivery and 96 hours following a cesarean section. The decision to discharge prior to those minimum length-of-stays must be made by the attending physician in consultation with the mother.

C. Maternity care for pregnancy resulting from noncoital reproductive procedures may be cost-shared.

D. Services and supplies associated with antepartum care, childbirth, postpartum care and complications of pregnancy may be cost-shared where the surrogate mother is a TRICARE beneficiary. See also [Chapter 13, Section 12.1 Double Coverage](#) regarding impact of surrogate arrangements.

IV. EXCLUSIONS

A. Services and supplies related to noncoital reproductive procedures.

B. Home uterine activity monitoring (HUAM), telephonic transmission of HUAM data, or HUAM-related telephonic nurse or physician consultation for the purpose of monitoring suspected or confirmed pre-term labor.

C. Off-label use of FDA-approved drugs to induce or maintain tocolysis.

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