

**ADMINISTRATIVE POLICY STATEMENT**  
**Ohio Medicaid**

| <b>Policy Name &amp; Number</b>                               | <b>Date Effective</b> |
|---|-----------------------|
| Obstetrical Care-Hospital Inpatient Admissions-OH MCD-AD-1143 | 02/01/2024            |
| <b>Policy Type</b>  |                       |



A. Subject

**Obstetrical Care-Hospital Inpatient Admissions-OH MCD-AD-1143**

B. Background

Obstetrical care refers to the health care treatment given in relation to pregnancy and delivery of a newborn child, including care during the prenatal period, labor, birthing, and the postpartum period. CareSource covers obstetrical services members receive in a hospital or birthing center, as well all associated outpatient snBTTQ792 reW\*nBT//F1 12 Tf1 9 Tf1 0

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.



|                       |            |  |
|-----------------------|------------|--|
| <b>Date Effective</b> | 02/01/2024 |  |
| <b>Date Archived</b>  |            |  |

#### H. References

- 1.

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.