

THE NEWBORN REMAIN IN THE HOSPITAL, A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE AS PART OF ITS HOSPITALIZATION SERVICES PROVIDED TO MEMBERS AND SUBSCRIBERS PAYMENT FOR THE COST OF ADDITIONAL HOSPITALIZATION FOR THE NEWBORN FOR UP TO 4 DAYS.

(2) THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE OF THE MOTHER, OR THE DESIGNEE OF THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE, SHALL PROVIDE NOTICE TO THE MOTHER OF THE PROVISIONS OF PARAGRAPH (1) OF THIS SUBSECTION.

19-706.

(i) The provisions of Article 48A, §§ 490U, 490AA, 490CC, [and] 490DD, AND 490FF of the Code shall apply to health maintenance organizations.

19-1305.4.

(A) IN THIS SECTION, "ATTENDING PHYSICIAN PROVIDER" MEANS AN OBSTETRICIAN, PEDIATRICIAN, OR OTHER PHYSICIAN OR CERTIFIED NURSE MIDWIFE OR PEDIATRIC NURSE PRACTITIONER ATTENDING THE MOTHER OR NEWBORN CHILD.

[(a)](B) Except as provided in [subsection (b)] SUBSECTIONS (C) AND (D) of this section, the criteria and standards used by a private review agent or health maintenance organization in performing utilization review of hospital services related to maternity and newborn care, including length of stay, shall be in accordance with the medical criteria outlined in the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

(C) SUBJECT TO THE PROVISIONS OF SUBSECTION (D) OF THIS SECTION, A PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE ORGANIZATION PERFORMING UTILIZATION REVIEW OF HOSPITAL SERVICES RELATED TO MATERNITY AND NEWBORN CARE SHALL AUTHORIZE A MINIMUM COVERAGE OF:

(1) 48 HOURS OF INPATIENT HOSPITALIZATION CARE FOLLOWING ~~A~~ AN UNCOMPLICATED VAGINAL DELIVERY; AND

(2) 96 HOURS OF INPATIENT HOSPITALIZATION CARE FOLLOWING ~~A~~ AN UNCOMPLICATED CESAREAN SECTION.

~~[(b)](D) A private review agent or health maintenance organization may authorize a shorter length of hospital stay for services related to maternity and newborn care REQUIRED UNDER SUBSECTION (C) OF THIS SECTION [provided the newborn meets the criteria for medical stability in the "Guidelines for Perinatal Care" and] IF the private review agent or health maintenance organization authorizes for the mother and child an initial postpartum home visit which would include the collection of an adequate sample for the hereditary and metabolic newborn screening, when indicated, UNLESS THE ATTENDING PHYSICIAN, CONSISTENT WITH THE CRITERIA OUTLINED IN THE MOST CURRENT VERSION OF THE "GUIDELINES FOR PERINATAL CARE", DETERMINES THAT THE INPATIENT HOSPITALIZATION LENGTH OF STAY REQUIRED UNDER SUBSECTION (C) OF THIS SECTION IS NECESSARY.~~