

Reimbursement for early elective deliveries

We appreciate the recent improvements in early elective delivery (EED) rates across the country. The collaborative efforts of state Medicaid agencies, the March of Dimes, CMS, The Joint Commission, the American Congress of Obstetricians and Gynecologists, and many others contributed to these improvements. Hospital hard-stop policies, describing the review of clinical indication and scheduling approval for EEDs, also increased awareness of the harm that can be caused by nonmedically necessary EEDs and encouraged discussion between patients, care providers and hospitals. Additionally, voluntary efforts combined with payment reform have been found to further decrease EED rates while increasing gestational age and birth weight for the covered population.*

We sent you a communication on September 1, 2016, entitled *Modifier/Condition Codes Needed For Maternity Services/Obstetric Delivery* discussing modifiers required on delivery claims to describe gestational age and EED status. Now that we have an ICD-10-CM code (Z3A) to describe gestational age and a criteria set endorsed by Milliman Care Guidelines (MCG) defining EED, we are altering the delivery claim requirement as noted below.

To improve birth outcomes for our members and further reduce EEDs, effective February 1, 2018, we'll require a Z3A code indicating the gestational age on all professional delivery claims with supporting medical necessity diagnosis codes for EEDs. We'll also apply MCG, which defines medically necessary criteria for EEDs.

What is the impact of this change?

UniCare Health Plan of West Virginia, Inc. will no longer require the UB, UC or UA modifiers on delivery claims.

Please note: Effective February 1, 2018, all professional delivery claims (for example, 59400, 59409, 59410, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620 and 59622) with dates of February 1, 2018, or after, will require a Z3A code indicating the gestational age at the time of delivery. If the code isn't on the claim, we'll deny the claim with the explanation code 00ALN - *Delivery diagnoses incomplete without report of pregnancy weeks of gestation*. You may resubmit the claim with the appropriate Z3A code.

Professional delivery claims with dates of February 1, 2018, or after, with gestational ages of 37 and 38 weeks will require a supporting medically necessary diagnosis code for the early delivery. If a professional delivery claim is submitted without evidence of medical necessity, we'll deny the claim with the explanation code 00ALO - *Early term delivery prior to 39 weeks gestation is not medically indicated*. You may resubmit the claim with the appropriate supporting diagnosis code or submit an appeal with the relevant medical records. For more information on the appeal process, refer to your provider manual at

* Dahlen, H. M., et al. (2017). Texas Medicaid Payment Reform: Fewer Early Elective Deliveries and Increased Gestational Age and Birthweight. *Health Affairs*, 36 (3), 460-467.

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

www.unicare.com

www.unicare.com > Providers > State Sponsored Plan providers > West Virginia - Medicaid Managed Care > Provider Communications.

If you have questions, received this communication in error or need assistance with any other item, contact your local Provider Relations representative or call the Customer Care Center at **1-800-782-0095**.

Thank you for being a valued partner.

Sincerely,

Tracy Dlott
Medical Director
UniCare Health Plan of West Virginia, Inc.