

## **Obstetric delivery diagnosis requirements changes**

Effective November 1, 2019, for Medicaid and CHIP obstetric delivery claims, Amerigroup will require **at least one** diagnosis code for **both** of the following:

- Main Circumstance or Complication of Delivery (O codes)
- Outcome of Delivery (Z37 codes)

This requirement is for professional claims (delivery and anesthesia for labor and delivery) and inpatient facility claims. Noncompliance with new requirements may result in denied claims.

For questions about this communication or assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

**<https://providers.amerigroup.com>**

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