

Provider Update

Update: Reimbursement policy for Texas Maternity Services

Background: In November 2014, Amerigroup* erroneously notified Texas providers of a new maternity services policy (Policy 14-0001) effective February 1, 2015. The Reimbursement Policy stated Amerigroup allows reimbursement for global obstetrical codes once per period of a pregnancy (defined as 279 days) when appropriately billed by a single provider or provider group reporting under the same Federal Tax Identification Number (TIN). Texas is exempted from this reimbursement policy.

✦ **What this means to you:** Amerigroup reimburses prenatal care, deliveries, and postpartum care as individual services. We allow reimbursement for two postpartum care visits. Texas providers will continue to bill according to Texas Medicaid and Amerigroup policies.

As a reminder, effective November 1, 2013, delivery and postpartum visits must be submitted using unbundled codes. We will continue to allow up to two postpartum visits.

Acceptable unbundled codes are as follows:

Procedure Code	Code Description
59409, 59612	Vaginal delivery only
59514, 59620	C-section delivery only
59430	Postpartum outpatient visit

Claims billed with the bundled delivery codes: 59410, 59515, 59614, 59622 will be denied. Corrected claims can be submitted within 120 days from explanation of payment date for payment with the unbundled procedures. Global delivery codes (59400, 59510, 59610, 59618) continue to be not reimbursable. You can find more information on our appeal process in our Provider Manual located online at providers.amerigroup.com/TX.

Modifiers U1-U3 remain as requirements on all delivery claims with the above codes. A claim without one of these modifiers will be denied. This policy is in compliance with Texas Medicaid.

Modifier	Modifier Description
U1	Medically necessary delivery prior to 39 weeks of gestation
U2	Delivery at 39 weeks of gestation or later
U3	Non-medically necessary delivery prior to 39 weeks of gestation

**Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.*



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For all claims submitted with the U1 Modifier and designated as a medically necessary delivery prior to 39 weeks of gestation, **we will require diagnosis codes that support medical necessity**. The following table includes codes that have been endorsed by the National Quality Forum and supported by the Joint Commission* as well as codes from other sources as indications for early elective delivery. Any claim with procedure codes 59409, 59514, 59612, 59620, and the U1 modifier billed without one of the following diagnosis codes in the claim (any position) will be denied. Claims are subject to medical necessity review and may require medical records before payment. Claims submitted prior to this change may be resubmitted as a corrected claim for payment within 120 days from the explanation of payment date. Providers may appeal the claim with records as well.

*Specifications Manual for Joint Commission National Quality Measures (v2013B) *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07.

Existing Diagnosis Codes:

Diagnosis Code	Diagnosis Description	Diagnosis Code	Diagnosis Description
042	HUMAN IMMUNO VIRUS DIS	649.82	LBR W PLAN C/S-DEL W P/P
641.01	PLACENTA PREVIA-DELIVER	650.00	NORMAL DELIVERY
641.11	PLACENTA PREV HEM-DELIV	651.01	TWIN PREGNANCY-DELIVERED
641.21	PREM SEPAR PLACEN-DELIV	651.11	TRIPLET PREGNANCY- DELIV
641.31	COAG DEF HEMORR-DELIVER	651.21	QUADRUPLET PREG-DELIVER
641.81	ANTEPARTUM HEM NEC-DELIV	651.31	TWINS W FETAL LOSS-DEL
641.91	ANTEPARTUM HEM NOS-DELIV	651.41	TRIPLETS W FET LOSS-DEL
642.01	ESSEN HYPERTEN-DELIVERED	651.51	QUADS W FETAL LOSS-DEL
642.02	ESSEN HYPERTEN-DEL W P/P	651.61	MULT GES W FET LOSS-DEL
642.11	RENAL HYPERTEN PG-DELIV	651.71	MULT GEST-FET REDUCT DEL
642.12	RENAL HYPERTEN-DEL P/P	651.81	MULTI GESTAT NEC-DELIVER
642.21	OLD HYPERTEN NEC-DELIVER	651.91	MULT GESTATION NOS-DELIV
642.22	OLD HYPERTEN-DELIV W P/P	652.01	UNSTABLE LIE-DELIVERED
642.31	TRANS HYPERTEN-DELIVERED	652.61	MULT GEST MALPRES-DELIV
642.32	TRANS HYPERTEN-DEL W P/P	655.01	FETAL CNS MALFORM-DELIV
642.41	MILD/NOS PREECLAMP-DELIV	655.11	FETAL CHROMOSO ABN-DELIV
642.42	MILD PREECLAMP-DEL W P/P	655.31	FET DAMG D/T VIRUS-DELIV
642.51	SEVERE PREECLAMP-DELIVER	655.41	FET DAMG D/T DIS-DELIVER
642.52	SEV PREECLAMP-DEL W P/P	655.51	FET DAMAG D/T DRUG-DELIV
642.61	ECLAMPSIA-DELIVERED	655.61	RADIAT FETAL DAMAG-DELIV
642.62	ECLAMPSIA-DELIV W P/P	655.80	FETAL ABNORM NEC-UNSPEC
642.71	TOX W OLD HYPERTEN-DELIV	656.01	FETAL-MATERNAL HEM-DELIV
642.72	TOX W OLD HYP-DEL W P/P	656.11	RH ISOIMMUNIZAT-DELIVER
642.91	HYPERTENS NOS-DELIVERED	656.21	ABO ISOIMMUNIZAT-DELIVER

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Diagnosis Code	Diagnosis Description	Diagnosis Code	Diagnosis Description
642.92	HYPERTENS NOS-DEL W P/P	656.31	FETAL DISTRESS-DELIVERED
644.2X	EARLY ONSET OF DELIVERY	656.41	INTRAUTER DEATH-DELIVER
645.11	POST TERM PREG-DEL	656.51	POOR FETAL GROWTH-DELIV
646.21	RENAL DIS NOS-DELIVERED	657.01	POLYHYDRAMNIOS-DELIVERED
646.22	RENAL DIS NOS-DEL W P/P	658.01	OLIGOHYDRAMNIOS-DELIVER
646.71	LIVER DISORDER-DELIVERED	658.11	PREM RUPT MEMBRAN-DELIV
648.01	DIABETES-DELIVERED	658.21	PROLING RUPT MEMM-DELIV
648.51	CONGEN CV DIS-DELIVERED	658.41	AMNIOTIC INFECTION-DELIV
648.52	CONGEN CV DIS-DEL W P/P	659.71	ABN FTL HRT RATE/RHY-DEL
648.61	CV DIS NEC PREG-DELIVER	661.3X	PRECIPITOUS LABOR W DELIVERY
648.62	CV DIS NEC-DELIVER W P/P	663.5	VASA PREVIA-UNSPECIFIED
648.81	ABN GLUCOSE TOLER-DELIV	663.50	VASA PREVIA COMP L&D UNSPEC AS EPISODE CARE
648.82	ABN GLUCOSE-DELIV W P/P	663.51	VASA PREVIA COMPLICATING L&D DELIVERED
649.31	COAGULATION DEF-DELIV	V08	ASYMP HIV INFECTN STATUS
649.32	COAGULATION DEF-DEL W P/P	V23.5	PREG W POOR REPRODUCT HX
649.81	SPON LABR W PLAN C/S-DEL	V27.1	DELIVER-SINGLE STILLBORN

What if I need help?

If you have questions about this communication, received this fax in error or need help with anything else, contact your local Provider Relations representative or call our Provider Services team toll free at 1-800-454-3730.



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