

Provider Update

Update to Requirements for Obstetric Delivery Claims and Diagnosis Codes

Background or summary of change: In November 2013, Amerigroup* notified providers of an enhanced claim requirement for obstetric delivery claims and diagnosis codes used to support claims submitted with the U1 modifier. This update is effective immediately for claims with a date of service on or after November 1, 2013.

✦ **What this means to you:** Diagnosis code 650.0 is added to the list of diagnosis codes acceptable for claims submitted with the U1 modifier. Use of this code is being accepted on a temporary basis due to constraints in ICD-9. Upon implementation of ICD-10, diagnosis code 650.0 will no longer be accepted. ***Pass this information to your office or billing staff — claims may be denied if not properly coded.***

What is the impact of the change?

As a reminder, also 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 or 59622 will be denied. Corrected claims can be submitted within 120 days from the explanation of payment date for payment with the unbundled procedures. Global delivery codes 59400, 59510, 59610 and 59618 are not reimbursable. You can find more information on our appeal process in our Provider Manual at providers.amerigroup.com/TX.

Modifiers U1-U3 remain required on all delivery claims with the above codes. A claim without a modifier will be denied. This policy is in compliance with TX 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

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

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Provider Update

For all claims submitted with the U1 modifier and designated as medically necessary deliveries prior to 39 weeks of gestation, **we will require diagnosis codes that support medical necessity.** The following table includes codes that are 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. Standard timely filing rules and corrected claims timelines will be applied. 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

Newly added:

Diagnosis Code	Diagnosis Description
650.00	Normal Delivery

This diagnosis can be used for 37-39 weeks inevitable deliveries such as active labor or rupture of membranes.

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	651.01	TWIN PREGNANCY-DELIVERED
641.11	PLACENTA PREV HEM-DELIV	651.11	TRIPLET PREGNANCY- DELIV
641.21	PREM SEPAR PLACEN-DELIV	651.21	QUADRUPLET PREG-DELIVER
641.31	COAG DEF HEMORR-DELIVER	651.31	TWINS W FETAL LOSS-DEL
641.81	ANTEPARTUM HEM NEC-DELIV	651.41	TRIPLETS W FET LOSS-DEL
641.91	ANTEPARTUM HEM NOS-DELIV	651.51	QUADS W FETAL LOSS-DEL
642.01	ESSEN HYPERTEN-DELIVERED	651.61	MULT GES W FET LOSS-DEL
642.02	ESSEN HYPERTEN-DEL W P/P	651.71	MULT GEST-FET REDUCT DEL
642.11	RENAL HYPERTEN PG-DELIV	651.81	MULTI GESTAT NEC-DELIVER
642.12	RENAL HYPERTEN-DEL P/P	651.91	MULT GESTATION NOS-DELIV
642.21	OLD HYPERTEN NEC-DELIVER	652.01	UNSTABLE LIE-DELIVERED
642.22	OLD HYPERTEN-DELIV W P/P	652.61	MULT GEST MALPRES-DELIV
642.31	TRANS HYPERTEN-DELIVERED	655.01	FETAL CNS MALFORM-DELIV



Provider Update

Diagnosis Code	Diagnosis Description	Diagnosis Code	Diagnosis Description
642.32	TRANS HYPERTEN-DEL W P/P	655.11	FETAL CHROMOSO ABN-DELIV
642.41	MILD/NOS PREECLAMP-DELIV	655.31	FET DAMG D/T VIRUS-DELIV
642.42	MILD PREECLAMP-DEL W P/P	655.41	FET DAMG D/T DIS-DELIVER
642.51	SEVERE PREECLAMP-DELIVER	655.51	FET DAMAG D/T DRUG-DELIV
642.52	SEV PREECLAMP-DEL W P/P	655.61	RADIAT FETAL DAMAG-DELIV
642.61	ECLAMPSIA-DELIVERED	655.80	FETAL ABNORM NEC-UNSPEC
642.62	ECLAMPSIA-DELIV W P/P	656.01	FETAL-MATERNAL HEM-DELIV
642.71	TOX W OLD HYPERTEN-DELIV	656.11	RH ISOIMMUNIZAT-DELIVER
642.72	TOX W OLD HYP-DEL W P/P	656.21	ABO ISOIMMUNIZAT-DELIVER
642.91	HYPERTENS NOS-DELIVERED	656.31	FETAL DISTRESS-DELIVERED
642.92	HYPERTENS NOS-DEL W P/P	656.41	INTRAUTER DEATH-DELIVER
644.2X	EARLY ONSET OF DELIVERY	656.51	POOR FETAL GROWTH-DELIV
645.11	POST TERM PREG-DEL	657.01	POLYHYDRAMNIOS-DELIVERED
646.21	RENAL DIS NOS-DELIVERED	658.01	OLIGOHYDRAMNIOS-DELIVER
646.22	RENAL DIS NOS-DEL W P/P	658.11	PREM RUPT MEMBRAN-DELIV
646.71	LIVER DISORDER-DELIVERED	658.21	PROLING RUPT MEMM-DELIV
648.01	DIABETES-DELIVERED	658.41	AMNIOTIC INFECTION-DELIV
648.51	CONGEN CV DIS-DELIVERED	659.71	ABN FTL HRT RATE/RHY-DEL
648.52	CONGEN CV DIS-DEL W P/P	661.3X	PRECIPITOUS LABOR W DELIVERY
648.61	CV DIS NEC PREG-DELIVER	663.5	VASA PREVIA-UNSPECIFIED
648.62	CV DIS NEC-DELIVER W P/P	663.50	VASA PREVIA COMP L&D UNSPEC AS EPISODE CARE
648.81	ABN GLUCOSE TOLER-DELIV	663.51	VASA PREVIA COMPLICATING L&D DELIVERED
648.82	ABN GLUCOSE-DELIV W P/P	V08	ASYMP HIV INFECTN STATUS
649.31	COAGULATION DEF-DELIV	V23.5	PREG W POOR REPRODUCT HX
649.32	COAGULATION DEF-DEL W P/P	V27.1	DELIVER-SINGLE STILLBORN
649.81	SPON LABR W PLAN C/S-DEL		

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 at 1-800-454-3730.

