

Reimbursement for early elective deliveries

The collaborative efforts of Amerigroup Community Care and the state Medicaid agencies, the March of Dimes, CMS, The Joint Commission, the American Congress of Obstetricians and Gynecologists, and many others have contributed to improvements in early elective delivery (EED) rates across the country. They have encouraged discussion among Amerigroup patients, care providers and hospitals. Hospital hard-stop policies describing the review of clinical indication and scheduling approval for EEDs also increased awareness of the harm caused by non-medically necessary EEDs. 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.*

To improve birth outcomes for our members and further reduce EEDs, effective [effective date], we'll require a Z3A diagnosis code indicating the gestational age on all professional delivery claims with supporting medical necessity diagnosis codes for EEDs. We'll apply MCG Care Guidelines, which define medically necessary criteria for EEDs.

All professional delivery claims (59400, 59409, 59410, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620 and 59622) with dates of service December 1, 2019, or after will require a Z3A code indicating the gestational age at the time of delivery. If the code is not on the claim, we will deny the claim with the explanation code e02 — *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 service December 1, 2019, or after with gestational ages of 37 and 38 weeks will require a supporting medically necessary diagnosis code for the early elective delivery. If a professional delivery claim is submitted without evidence of medical necessity, we will deny the claim with the explanation code k34 — *Delivery 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 the provider manual at https://providers.amerigroup.com/ProviderDocuments/TNTN_CAID_Prov_Man.pdf.

* 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.