



TO: Hospitals, Physicians, Advanced Practice Nurses, Midwives,
Independent Clinics – **For Action**
Health Maintenance Plans – **For Information Only**

SUBJECT: **Non-Medically Indicated Early Elective Deliveries**

EFFECTIVE: Claims with service dates on or after July 1, 2020

PURPOSE: To clarify that NJ FamilyCare (NJFC) Medicaid will not reimburse providers for non-medically indicated early elective deliveries (EEDs).

BACKGROUND: On May 8, 2019, Public Law 2019, Chapter 87 was signed into law by Governor Murphy prohibiting NJ FamilyCare (NJFC) coverage of any non-medically indicated early elective deliveries performed on or after July 1, 2020.

EEDs are defined as scheduled cesarean sections or medical inductions performed prior to 39 weeks of gestation without medical indication. An EED is not justified solely by maternal request, availability of effective pain management, facility or provider scheduling issues. The American College of Obstetricians and Gynecologists (ACOG) Patient Safety Checklist for Planned Caesarian Deliveries and The ACOG Patient Safety Checklist for Scheduling Induction of Labor are tools that may be utilized to guide decision making around appropriateness of scheduling such procedures. Copies of the respective Checklists are attached, as well as links where they may be found below.

- <https://www.acog.org/Clinical-Guidance-and-Publications/Patient-Safety-Checklists/Scheduling-Planned-Cesarean-Delivery>
- <https://www.acog.org/Clinical-Guidance-and-Publications/Patient-Safety-Checklists/Scheduling-Induction-of-Labor>

Studies have demonstrated that non-medically indicated early elective deliveries performed prior to 39 weeks of gestation carry risks for both babies and mothers, including higher incidences of neonatal intensive care unit admissions, pneumonia and longer hospital stays for infants than when the pregnancy is allowed to progress naturally to full term. Unsuccessful inductions may result in a cesarean section, which can lead to infections, bleeding and anesthesia complications for mothers.

ACTION: Public Law 2019, Chapter 87 prohibits NJFC Medicaid reimbursement for professional and hospital, as well as clinic claims, for non-medically indicated early

elective deliveries with service dates on or after July 1, 2020. Obstetricians and midwives are encouraged to share educational materials with their patients to ensure their understanding of the risks associated with early elective deliveries. ACOG and the March of Dimes provide educational materials at:

<https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/How-I-Practice/Non-Medically-Indicated-Induction-Before-39-Weeks>.

A patient pamphlet may be found at <https://www.marchofdimes.org/materials/HBWW-Infographic.pdf> and <https://marchofdimes.org/39weeks>.

Obstetricians, midwives, hospitals and clinics requesting NJFC Medicaid reimbursement for a labor and delivery claim are required to report an ICD-10-CM diagnosis code indicating the week of gestation (ICD-10-CM category code Z3A). Claims submitted without a diagnosis code indicating the week of gestation shall be denied payment.

Any claim reporting a week of gestation ICD-10-CM diagnosis code of less than 39 weeks without one of the diagnosis codes identified by the ICD-10-CM categories: O10; O11; O12; O13; O14; O15; O16; O24; O30; O31; O33; O35; O36; O42; O43; O44; O45; O71; or R03 shall be denied payment by the NJFC Medicaid Program.

Providers denied payment may request that the denial be re-considered for payment based on medical necessity by submitting the attached **DXC Technology, Medicaid Claim Inquiry/Response Form** to the DXC Technology, Correspondence Unit. Please attach a hard-copy claim and supportive medical documentation to justify payment of the claim.

If you have any questions concerning this Newsletter, please contact the DXC Technology, Provider Services Unit at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE



MEDICAID CLAIM INQUIRY/RESPONSE FORM

INSTRUCTIONS:

Attach a copy of your claim form(s) and any applicable documentation, e.g. reports, Remittance Advice. Fill in information at top of form. Write or type your question in the INQUIRY area. Print your name and date the form.

PROVIDER'S NAME & ADDRESS _____

MEDICAID PROVIDER NUMBER

PROVIDER'S GROUP #

PROVIDER'S TELEPHONE #

CLAIM INFORMATION

RECIPIENT'S NAME	HSP (MEDICAID) CASE / PERSON NO.	DATE OF SERVICE	REMITTANCE DATE	INTERNAL CONTROL NUMBER
1.				
2.				
3.				

INQUIRY

REQUESTOR'S NAME _____ DATE _____

PLEASE PRINT

RESPONSE

MAIL TO:
PROVIDER SERVICES
DXC TECHNOLOGY
PO BOX 4801
TRENTON, NJ 08650

SIGNATURE _____ DATE _____



Patient Safety Checklist ✓

Number 3 • December 2011

SCHEDULING PLANNED CESAREAN DELIVERY

Date _____ Patient _____ Date of birth _____ MR # _____
Physician or certified nurse-midwife _____ Last menstrual period _____
Gravidity/Parity _____
Estimated date of delivery _____ Best estimated gestational age (at admission) _____
Proposed cesarean delivery date _____

Indication (choose one):

- Medically indicated: Diagnosis: _____
- Repeat cesarean delivery (choose one) (1, 2):
 - Trial of labor not appropriate: Reason: _____
 - Trial of labor offered
 - Yes
 - No: Reason: _____
 - Patient counseled about risks and benefits of cesarean delivery versus trial of labor and vaginal delivery (1, 3)
 - Consent form signed as required by the institution
 - Repeat cesarean delivery for logistical reasons: Circumstances: _____
- Elective primary cesarean delivery at maternal request (4):
 - Patient counseled about risks and benefits of cesarean delivery versus vaginal delivery (1, 3)
 - Consent form signed as requested by institution
- Gestational age of 39 0/7 weeks or greater confirmed by either of the following criteria (5):
 - Ultrasound measurement at less than 20 weeks of gestation supports gestational age of 39 weeks or greater
 - Fetal heart tones have been documented as present for 30 weeks of gestation by Doppler ultrasonography

If this is an elective cesarean delivery and gestational age is 39 0/7 weeks or less, reason for variance: _____

Results of amniocentesis (if performed): _____

- Preoperative and pertinent prenatal laboratory test results (eg, group B streptococci or hematocrit) available (2)
- Special concerns (eg, allergies, medical problems, and special needs) _____
- Pertinent comorbid risk factors (maternal and fetal) _____

To be completed by reviewer:

- Approved cesarean delivery for gestational age equal to or greater than 39 0/7 weeks by the aforementioned dating criteria
- Approved cesarean delivery before 39 0/7 weeks of gestation (medical indication)
- HARD STOP** – gestational age, indication, consent, or other issues prevent initiating planned cesarean delivery without further information or consultation with department chair

References

1. Vaginal birth after cesarean delivery. Practice Bulletin No. 115. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2010;116:786–90.
2. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Intrapartum and postpartum care. In: *Guidelines for perinatal care*. 6th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2007. p. 139–74.
3. Surgery and patient choice. ACOG Committee Opinion No. 395. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2008;111:243–7.
4. Cesarean delivery on maternal request. ACOG Committee Opinion No. 394. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2007;110:1501.
5. Fetal lung maturity. ACOG Practice Bulletin No. 97. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2008;112:717–26.

Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The American College of Obstetricians and Gynecologists has developed a series of patient safety checklists to help facilitate the standardization process. This checklist reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular checklist may be adapted to local resources, standardization of checklists within an institution is strongly encouraged.

How to Use This Checklist

The Patient Safety Checklist on Scheduling Planned Cesarean Delivery should be completed by the health care provider and submitted to the respective hospital to schedule a planned cesarean delivery. The hospital should establish procedures to review the appropriateness of the scheduling based on the information contained in the checklist. A hard stop should be called if there are questions that arise that require further information or consultation with the department chair.

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Scheduling planned cesarean delivery. Patient Safety Checklist No. 3. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:1469–70.



Patient Safety Checklist

Number 5 • December 2011
(Replaces Patient Safety Checklist No. 1, November 2011)

SCHEDULING INDUCTION OF LABOR

Date _____ Patient _____ Date of birth _____ MR # _____

Physician or certified nurse-midwife _____ Last menstrual period _____

Gravidity/Parity _____

Estimated date of delivery _____ Best estimated gestational age at delivery _____

Proposed induction date _____ Proposed admission time _____

Gestational age of 39 0/7 weeks or older confirmed by either of the following criteria (1):

- Ultrasound measurement at less than 20 weeks of gestation supports gestational age of 39 weeks or greater
- Fetal heart tones have been documented as present for 30 weeks of gestation by Doppler ultrasonography

Indication for induction: (choose one)

- Medical complication or condition (1): Diagnosis: _____
- Nonmedically indicated (1-3): Circumstances: _____

Patient counseled about risks, benefits, and alternatives to induction of labor (1)

- Consent form signed as required by institution

Bishop Score (see below) (1): _____

Bishop Scoring System

Score	Factor				
	Dilation (cm)	Position of Cervix	Effacement (%)	Station*	Cervical Consistency
0	Closed	Posterior	0-30	-3	Firm
1	1-2	Midposition	40-50	-2	Medium
2	3-4	Anterior	60-70	-1, 0	Soft
3	5-6	—	80	+1, +2	—

*Station reflects a -3 to +3 scale.

Modified from Bishop EH. Pelvic scoring for elective induction. *Obstet Gynecol* 1964;24:266-8.

- Pertinent prenatal laboratory test results (eg, group B streptococci or hematocrit) available (4, 5)
- Special concerns (eg, allergies, medical problems, and special needs): _____

To be completed by reviewer:

- Approved induction after 39 0/7 weeks of gestation by aforementioned dating criteria
- Approved induction before 39 0/7 weeks of gestation (medical indication)
- HARD STOP** – gestational age, indication, consent, or other issues prevent initiating induction without further information or consultation with department chair

References

1. Induction of Labor. ACOG Practice Bulletin No. 107. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2009;114:386–97.
2. Caughey AB, Sundaram V, Kaimal AJ, Cheng YW, Gienger A, Little SE, et al. Maternal and neonatal outcomes of elective induction of labor. Evidence Report/Technology Assessment No. 176. (Prepared by the Stanford University-UCSF Evidence-based Practice Center under contract No. 290-02-0017.) AHRQ Publication No. 09-E—5. Rockville (MD): Agency for Healthcare Research and Quality; 2009.
3. Clark SL, Frye DR, Meyers JA, Belfort MA, Dildy GA, Kofford S, et al. Reduction in elective delivery <39 weeks of gestation: comparative effectiveness of 3 approaches to change and the impact on neonatal intensive care admission and stillbirth. *Am J Obstet Gynecol* 2010;203:449.e1–449.e6.
4. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Antepartum care. In: *Guidelines for perinatal care*. 6th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2007. p. 83–137.
5. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Perinatal infections. In: *Guidelines for perinatal care*. 6th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2007. p. 303–48.

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How to Use This Checklist

The Patient Safety Checklist on Scheduling Induction of Labor should be completed by the health care provider and submitted to the respective hospital to schedule an induction of labor. The hospital should establish procedures to review the appropriateness of the scheduling based on the information contained in the checklist. A hard stop should be called if there are questions that arise that require further information or consultation with the department chair.

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Scheduling induction of labor. Patient Safety Checklist No. 5. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:1473–4.