



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 31 No. 03

February 2021

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

SUBJECT: **Non-Medically Indicated Early Elective Deliveries**
****Revised Effective Date****

EFFECTIVE: Claims with service dates on or after **January 1, 2021**

PURPOSE: To clarify that Medicaid/NJ FamilyCare 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 Medicaid/NJ FamilyCare coverage of any non-medically indicated early elective deliveries (EED). The original effective date was July 1, 2020. On March 9, 2020, Governor Murphy signed Executive Order 159 as part of New Jersey's response to the current COVID-19 crisis. One of the provisions of Executive Order 159 was to extend the effective date of Public Law 2019, Chapter 87.

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, or facility or provider scheduling issues. 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 Medicaid/NJ FamilyCare reimbursement for professional, hospital and clinic claims for non-medically indicated early elective deliveries. Obstetricians and midwives are encouraged to share educational materials with their patients to ensure their understanding of the risks associated with early elective deliveries. The American College of Obstetricians and Gynecologists (ACOG) and the March of Dimes provide educational information at:

<https://www.acog.org/womens-health>,
<https://www.marchofdimes.org/materials/HBWW-Infographic.pdf>, and
<https://marchofdimes.org/39weeks>.

Obstetricians, midwives, hospitals and clinics requesting Medicaid/NJ FamilyCare 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 claims with service dates on or after January 1, 2021 reporting a week of gestation ICD-10-CM diagnosis code of less than 39 weeks without one of the diagnosis codes identified by the following ICD-10-CM categories shall be denied payment by the Medicaid/NJ FamilyCare Program:

O10	O33	O71	O779	O46003	O98213
O11	O35	O76	O4692	O46012	O98712
O12	O36	O666	O4693	O46013	O98713
O13	O42	O670	O9812	O46022	O99322
O14	O43	O678	O9813	O46023	O99323
O15	O44	O679	O9822	O46092	O99324
O16	O45	O750	O9823	O46093	O99325
O24	O64	O751	O9872	O98112	O468X2
O30	O68	O771	O9873	O98113	O468X3
O31	O69	O778	O46002	O98212	R3

Providers denied payment may request that the denial be re-considered for payment based on medical necessity by submitting the attached **Gainwell Technologies, Medicaid Claim Inquiry/Response Form** to the Gainwell Technologies, 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 Gainwell Technologies 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. a copy of the claim, reports, Remittance Statements. Fill in information at top of form; write or type your question in the INQUIRY area. Print your name and date the form. Send Parts 1 and 2. Retain Part 3 for your records. Part 1 will be returned with reply.

PROVIDER'S NAME & ADDRESS

MEDICAID PROVIDER NUMBER

PROVIDER'S GROUP #

PROVIDER'S TELEPHONE #

_____/_____-_____

CLAIM INFORMATION

RECIPIENT'S NAME	HSP (MEDICAID) CASE / REASON NO	DATE OF SERVICE	REMITTANCE DATE	INTERNAL CONTROL NUMBER

INQUIRY

REQUESTOR'S NAME

DATE

PLEASE PRINT

RESPONSE

PROVIDER INQUIRY
GAINWELL TECHNOLOGIES
PO BOX 4801
TRENTON, NJ 08650
FD-998 (01/21)

SIGNATURE

DATE
