



Medicaid Alert

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TO: Hospitals, Physicians, Advanced Practice Nurses, Midwives, Independent Clinics and Managed Care Organizations – **For Action**

SUBJECT: **Billing and coding for claims related to the Non-Medically indicated Early Elective Delivery policy**

EFFECTIVE: Claims processed on or after January 1, 2023.

PURPOSE: To update billing and coding procedures for claims related to early elective deliveries.

BACKGROUND: Public Law 2019, Chapter 87 prohibits Medicaid/NJ FamilyCare coverage of any non-medically indicated early elective deliveries (EED). An “early elective delivery” is defined as any delivery performed via C-section or induction prior to 39 completed weeks of gestation without medical indication.

ACTION: Providers are directed to follow Newsletter Volume 31 No. 24 in coding for medically indicated early deliveries. For those deliveries for which coding is not possible using coding guidance outlined in Newsletter Volume 31 No. 24, the following solutions may be employed:

- For practitioner claims for spontaneous vaginal deliveries, medically-necessary Caesarian sections and medically-necessary inductions prior to 39 completed weeks of gestation, **Modifier SC** may be used to attest to the medical necessity of the delivery.
- For institutional claims for medically-necessary Caesarian sections and medically-necessary inductions prior to 39 completed weeks of gestation, **Condition Code 81** may be used to attest to the medical necessity of the delivery.
- For institutional claims for spontaneous vaginal deliveries prior to 39 completed weeks of gestation, providers may use 10E0XZZ or other appropriate codes in the 10D0 series 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, or 10D07Z8.

In all cases, please note that diagnosis codes entered into the admitting diagnosis code field cannot be used to justify an early delivery. All appropriate medically necessary early delivery diagnosis codes must be submitted in diagnosis code fields 1-17.

Reminder from Medicaid Newsletter Volume 31 No. 24: “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). Code Z3A.00 (weeks of gestation of pregnancy not specified) should not be utilized to indicate gestational age. Claims submitted without a diagnosis code indicating the week of gestation shall be denied payment.”

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 Alert, please contact the Gainwell Technologies Provider Services Unit at 1-800-776-6334.

RETAIN THIS ALERT FOR FUTURE REFERENCE