

Early elective delivery reimbursement changes

Effective Jan. 1, 2021

Update

Beginning **Jan. 1, 2021**, non-medically indicated early elective deliveries (EEDs) performed at a hospital on a pregnant woman earlier than 39 weeks of gestation will not be reimbursed by NJ FamilyCare (NJFC) Medicaid Program. Please reference the Division of Medical Assistance and Health Services (DMAHS) Newsletter, published on Nov. 6, 2020, for updates online at njmmis.com > [Recent Newsletters](#) > Non-Medically Indicated Early Elective Deliveries Revised Effective Date.

Overview

According to the American College of Obstetricians and Gynecologists (ACOG), non-medically indicated EEDs performed before 39 weeks of gestation carry risks for both babies and mothers.¹ A non-medically indicated EED means the artificial start of the birth process through medical interventions or other methods, also known as labor induction, or the surgical delivery of a baby by cesarean section for purposes or reasons not fully consistent with established standards of clinical care as provided by the ACOG. An EED is not justified solely by maternal request, availability of effective pain management, facility or provider scheduling issues.

The ACOG states risks of EEDs, including:

- Higher incidences of neonatal intensive care unit admissions
- Pneumonia
- Longer hospital stays for infants
- Unsuccessful inductions resulting in a cesarean section, which can lead to infections, bleeding and anesthesia complications for mothers

Prior authorization

Scheduled EEDs due to medical necessity require an approved prior authorization or submitted notification. For information on how to submit electronically, visit UHCprovider.com/paan or call Provider Services at **888-362-3386** Monday through Friday, 8 a.m. to 6 p.m.

Claim submissions

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 will be denied by the NJFC Medicaid Program.

Any claim reporting a week of gestation ICD-10-CM diagnosis code of less than 39 weeks without one of the following diagnosis codes will also be denied: O10, O11, O12, O13, O14, O15, O16, O24, O30, O31, O33, O35, O36, O42, O43, O44, O45, O71 or R03.

The following CPT® codes will be considered for non-eligibility of claims reimbursement:

- 59409 – Vaginal delivery only
- 59514 – Cesarean delivery only
- 59612 – Vaginal delivery only, after previous cesarean delivery
- 59620 – Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

Patient education

Please consider sharing educational materials with your patients to help promote their understanding of the risks associated with EEDs. Additional information and patient education resources can be found at:

- marchofdimes.com > Pregnancy > Prenatal Care > Pregnancy Week by Week
- nichd.nih.gov > Health > National Child and Maternal Health Program > Initiatives > Is It Worth It? Reducing Elective Deliveries Before 39 Weeks

We're here to help

If you have questions, please call Provider Services at **888-362-3368**, Monday through Friday, 8 a.m. to 6 p.m. Thank you.

¹ACOG (2019), Avoidance of Nonmedically Indicated Early-Term Deliveries and Associated Neonatal Morbidities. www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/02/avoidance-of-nonmedically-indicated-early-term-deliveries-and-associated-neonatal-morbidities.

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