

Provider Bulletin — February 2018

A bulletin for the Molina Healthcare of New York, Inc. Network

OB Deliveries before 39 Weeks

In May 2016, The New York State Department of Health issued a Medicaid Update (Volume 32, Number 5) which included an article titled “Elective Deliveries Prior to 39 Weeks Gestation (Inductions of Labor and Cesarean Sections)”. This article superseded all previous published guidelines.

The article advised that effective July 1, 2016 for Medicaid Managed Care Plans, claims for elective deliveries prior to 39 weeks without medical indication would further be reduced from 25% to 50%.

A list of acceptable primary ICD-10 diagnosis codes was provided due to issues occurring from the implementation of ICD-10 in October 2015.

To view the May 2016 Medicaid Update (visit the link below):

https://www.health.ny.gov/health_care/medicaid/program/update/2016/may16_mu.pdf

On November 8, 2017 an update was published that superseded all prior guidelines titled, “New York State Medicaid Obstetrical Deliveries Prior to 39 weeks gestation as guidance for Medicaid Fee-for Service and Medicaid Managed Care Plans”.

Following the recommendations of the American College of Obstetricians and Gynecologist (ACOG), effective January 8, 2018 NYS Medicaid will reimburse 100% for C-sections or inductions performed at less than 39 weeks with **medical necessity**. If performed electively, NYS Medicaid will reimburse 25% for C-sections or inductions.

Facility claims require a condition code be reported. Physician claims require a modifier be reported. Both are utilized to identify elective and medically necessary early deliveries.

Inpatient Facility Claim Coding Guidelines:

All C-sections and inductions of labor whether prior to, at or after 39 weeks: Condition code 81, 82 or 83.

- Condition code 81= C-sections or inductions performed at less than 39 weeks gestation for medical necessity. **Full payment**
- Condition code 82= C-sections or inductions performed at less than 39 weeks gestation electively. **Reduced payment. Reimburses 25%**
- Condition code 83= C-sections or inductions performed at 39 weeks or greater gestation. **Full Payment**

Physician Claim Coding Guidelines:

Required for **all** obstetrical deliveries whether **prior to, at or after 39 weeks**: Modifier U7, U8 or U9. Failure to report the modifier will result in claim denial.

- U7= Delivery less than 39 weeks for medical necessity. **Full payment**
- U8= Delivery less than 39 weeks electively. **Reduced payment. Reimburses 25%**
- U9= Delivery 39 weeks or greater. **Full payment**

To view the November 2017 Update (visit the link below):

https://www.emedny.org/ProviderManuals/communications/OBSTETRICAL_DELIVERIES_PRIOR_TO_39_WEEKS_GESTATION.pdf

If you have any questions or concerns, please contact Molina Healthcare of New York, Inc. Provider Relations at (877) 872-4716.

Questions?

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