

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201421 MAY 5, 2014



IHCP implements early elective delivery policy

The Indiana State Department of Health (ISDH) has identified reducing Indiana's infant mortality rate as a top priority for the state of Indiana. Indiana currently ranks 45th in the nation for infant mortality; eight of every 1,000 children die before their first birthday. Infant mortality is a multifactorial health problem, and improving Indiana's infant mortality rate will require a multifaceted approach. One of these approaches is to reduce elective deliveries prior to 39 weeks of gestation.

To align with ISDH's initiative, the Indiana Health Coverage Programs (IHCP) is implementing a nonpayment policy for early elective deliveries (EEDs) effective July 1, 2014. Deliveries that are not medically indicated prior to 39 weeks and 0 days, known as EEDs, will be noncovered for dates of admission on or after July 1, 2014. Deliveries that meet one of the approved medical indications for a medically necessary delivery in [Table 1](#) will remain covered.

The initiative of reducing EEDs has received national attention from many organizations, including the Centers for Medicare & Medicaid Services (CMS), the March of Dimes, the American Congress of Obstetricians and Gynecologists (ACOG), and The Joint Commission. Reducing EEDs has also received statewide attention from the Indiana State Hospital Association, the IHCP managed care entities (MCEs), and the Indiana Perinatal Network. Additionally, many Indiana hospitals and their medical staffs have responded to this initiative by adopting policies that ensure early inductions and cesarean deliveries are medically necessary.

Research has found that elective deliveries prior to 39 weeks of gestation are associated with increased admission to neonatal intensive care units and ventilator use. In light of these findings, the IHCP is aligning its obstetric services policy with the goal of improving neonatal and maternal health outcomes. Deliveries that occur prior to 39 weeks, either due to spontaneous labor or as the result of a medically indicated induction or cesarean section, will continue to remain covered.

The medical indications listed in Table 1 were compiled from lists released by the Indiana Perinatal Quality Improvement Collaborative (IPQIC), ACOG, and The Joint Commission as indications for a medically necessary delivery prior to 39 weeks. The comprehensive list of medical indications in Table 1 is intended to ensure all medically indicated deliveries prior to 39 weeks remain covered. The IHCP will continue to evaluate the list of approved medical indications to ensure that all medically necessary indications are covered. Toward that end, providers may submit a policy consideration request (located on the [Forms](#) page at indianamedicaid.com) to the IHCP for any noncovered indications a provider deems to be a medically necessary condition. The IHCP will review and make a determination as to whether additional indications would be added as approved medical indications.

Table 1 – Approved medical indications for a medically necessary delivery prior to 39 weeks and 0 days

Maternal Indications	Fetal Indications	Obstetric Indications
Antiphospholipid Syndrome	ABO Isoimmunization	Abruption Placenta
Chronic Hypertension	Abnormal Fetal Heart Rate	Abruption
Cardiovascular Diseases	Chorioamnionitis	Antepartum Hemorrhage/Bleeding
Chronic Pulmonary Disease	Congenital Heart Defect/Heart Disease	Chronic Hypertension with Super Imposed Preeclampsia
Coagulopathy Defect	Fetal Abnormality	Chorioamnionitis
Coagulopathy Disorders	Fetal Chromosomal Anomaly	Gestational Diabetes
Congenital Heart Defect/Heart Disease	Fetal CNS Anomaly	Gestational Hypertension
Current Cancer	Fetal Damage due to Disease	Hypertensive Disorder
Diabetes Mellitus	Fetal Damage due to Drugs	Maternal/Fetal Hemorrhage
Epilepsy/Seizure Disorder	Fetal Damage due to Radiation	Mild Preeclampsia Severe Preeclampsia/HELLP/Eclampsia
Gastroenteric Diseases/ Disorders	Fetal Damage due to Virus	Multiple Gestation/ Multiple Gestation with Loss
Hematological Disorder	Fetal Demise-Singleton	Oligohydramnios
HIV; Asymptomatic HIV Infection Status	Fetal Distress	Placenta Previa
Hypertension Non-Specified	Fetal/Maternal Hemorrhage	Placental Previa Hemorrhage
Liver Disease	Intrauterine Growth Restriction	Polyhydramnios
Maternal/Fetal Hemorrhage	Non-Reassuring Fetal Antepartum Testing	Premature Rupture of Membranes
Previous Stillborn	RH Isoimmunization	Prolonged Rupture of Membranes
Prior Classical Cesarean Delivery		Ruptured Membranes
Prior Myomectomy Entering Endometrial Cavity		Unstable Lie; Multiple Gestation with Malpresentation
Renal Disease		Vasa Previa

Billing Information

Effective for dates of admission on or after July 1, 2014, the following modifiers will be required on the *CMS-1500* claim form when billing fee-for-service (FFS) claims with Current Procedural Terminology (CPT^{®1}) delivery codes 59409, 59514, 59612, and 59620. Please note FFS does not cover CPT delivery codes 59410, 59515, 59614, and 59622; for additional information, see [Chapter 8: Billing Instructions](#) of the *IHCP Provider Manual*.

- **UB – Medically necessary delivery prior to 39 weeks of gestation:** Deliveries resulting from:
 - Members presenting in labor and subsequently delivering before 39 weeks of gestation.
 - Inductions or cesarean sections that meet the IHCP’s approved medical indications for a medically necessary delivery prior to 39 weeks and 0 days. Documentation of the gestational age of the fetus and the medical indication for an early delivery must be completed and maintained in the member’s file. Suggested forms for documentation are the [ACOG Patient Safety Checklists](#) on the ACOG website at acog.org or the [IPQIC Scheduling form](#) on the ISDH website at in.gov/isdh.
- **UC – Delivery at 39 weeks of gestation or later:** Delivery at 39 weeks of gestation or later regardless of method (induction, cesarean section, or spontaneous labor)
- **UA – Nonmedically necessary delivery prior to 39 weeks of gestation:** Deliveries at less than 39 weeks of gestation that do not meet the IHCP’s stated guidelines for approved medically necessary deliveries

Effective for dates of admission on or after July 1, 2014, the following condition codes will be required on the *UB-04* claim form when billing for FFS obstetric delivery services. Condition codes are to be placed in fields 18-24 of the *UB-04* claim form.

- **81** – C-sections or inductions performed at less than 39 weeks’ gestation for medical necessity
- **82** – C-sections or inductions performed at less than 39 weeks’ gestation electively
- **83** – C-sections or inductions performed at 39 weeks’ gestation or greater

This EED policy applies to all IHCP programs. Billing information described in this bulletin applies to services delivered under the FFS delivery system. Individual MCEs establish and publish prior authorization, reimbursement, and billing criteria within the risk-based managed care (RBMC) delivery system. Please see the MCEs’ policies for information regarding prior authorization, reimbursement, and billing for obstetric delivery services.

¹CPT copyright 2012 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com. To receive email notices of future IHCP publications, [subscribe](#) to IHCP Email Notifications.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.