



OB DELIVERIES *prior to* 39 WEEK GESTATION

Effective September 1, 2014, Blue Cross Blue Shield LA (BCBSLA) and LA Medicaid (MCD), including Bayou Health Plans (BHP), will consider ELECTIVE deliveries, whether vaginal or cesarean, prior to 39 week gestation to be not medically necessary and not reimbursable.

EFFECTIVE IMMEDIATELY:



OB Providers must review the details of both carriers listed below and for BCBSLA deliveries, confirm the required modifier is attached to **all** delivery codes and for LA Medicaid deliveries, complete the LEERS (08/14) Gestational Worksheet in order to receive reimbursement.



Blue Cross Blue Shield LA 39 Week Policy

BCBSLA will use three modifiers to designate the delivery gestation and whether or not delivery was medically necessary if performed prior to 39 week gestation. BCBSLA published a new [Medical Policy](#) in May 2014 and sent information to *all affected* providers notifying of this upcoming change; their [Professional Provider Office Manual](#) was updated in August 2014.



**BlueCross BlueShield
of Louisiana**

An Independent Licensee of the Blue Cross and Blue Shield Association.

Per BCBS LA Professional Services Provider Manual dated August 2014:

Blue Cross considers ELECTIVE deliveries, whether vaginal or Cesarean, prior to 39 week gestation to be not medically necessary and are not reimbursable deliveries. Claims denied as not medically necessary are NOT billable to the member.

This policy affects/includes claims for the delivering provider, assistant at C-Section provider, anesthesiology provider, and facility.

Related claims (anesthesia, assistant, facility, etc.) will be subject to recoupment of payments should the delivery be paid and then later determined to not be medically necessary. Labor inductions and elective Cesarean deliveries for pregnancies less than 39 week gestational may be considered eligible for coverage when there is an established maternal and/or fetal risk in which the risk of continuing the pregnancy outweighs the risks of early birth, i.e., diagnosis to support.

NOTE: LA Medicaid related 39 week gestation policy does not include the anesthesiologist claims.

BCBSLA effective for claims processed on and after **September 1, 2014**:

The OB provider performing the delivery will be required to include a modifier.

Use one of the following modifiers when billing for delivery:

CPT codes: 59400, 59409, 59410, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622

Modifier: GB: Report when delivery is 39 weeks or more, whether spontaneous or elective

AT: Report when delivery is less than 39 weeks and medically necessary

GZ: Report when delivery is less than 39 weeks and NOT medically necessary

NO MODIFIER: Claim will DENY for incomplete information

For global delivery claims: CPT codes 59400, 59410, 59610, 59614, 59515, 59618 or 59622, that have been denied as not medically necessary, the delivering provider may reverse and rekey just the ante-partum (59426/59427) and post-partum (59430) care services for separate reimbursement consideration.

MEDDATA Practices: A Rule/Condition (#403) has been setup for above codes based on Insurance Type: B.

LA Medicaid 39 Week Policy (includes Bayou Health Plans (BHP))

LA Medicaid will use the LEERS registration system and a gestation worksheet completed by the delivering provider to validate the medical necessity of deliveries prior to 39 weeks gestation.



LA Medicaid sent out RA messages related to these new requirements, but not until [September 2, 2014](#), which made the change 'retroactive' to September 1, 2014, giving providers no lead time to adjust to the new requirements; as often is the case, some details related to a retro policy have not been clearly conveyed.



Per LA Medicaid RA message dated 09/09/14:

It is the intent of the Department of Health and Hospitals to **not pay for deliveries** prior to 39 week gestation that are not medically necessary. This is a joint endeavor between Louisiana Medicaid and Blue Cross Blue Shield of Louisiana.

NOTE: Medicaid is not requiring the modifiers at this time and is not affecting anesthesia claims.

Effective with date of service **September 1, 2014** forward, DHH intends to **deny** hospital and physician claims for the delivery of a baby prior to 39 week gestation which is deemed to be not medically necessary based on LEERS standards.

Claims for the anesthesia related to the delivery will not be impacted by this policy.

NOTE: BCBSLA policy does include the anesthesiologist.



Rational for new policy:

Elective deliveries for pregnancies less than 39 weeks gestation can pose both short and long term risks for the newborn. The risks that newborns face after early delivery, even at 37 and 38 weeks gestation include, but are not limited to, increased morbidity from respiratory distress, increased rates of pneumonia, ventilator use, hypoglycemia and NICU admission. The relative risk of neonatal mortality is 2.3 times greater at 37 weeks and 1.4 times greater at 38 weeks as compared to 39 weeks.

LEERS:

DHH will use the Louisiana Electronic Event Registration System (LEERS) data from the Office of Public Health Vital Records to validate that the delivery was not prior to 39 week gestation or if prior to 39 week gestation, that the early delivery was medically necessary. The LEERS data will be sent to Molina weekly so claims can be validated and processed timely.

Claims from the hospital, delivering physician (and assistant surgeon if applicable) for a delivery will be held within the Molina claims processing system until LEERS updates the birth record information for those claims. After the claims and LEERS are matched up, all claims will be allowed to continue processing unless LEERS indicates the delivery was prior to 39 weeks and not medically indicated.

Delivering Physicians and Hospitals must select the corresponding medical reason from the [LEERS Singleton Births Below 39 Week Gestation Worksheet](#). The 'medical reason' listed presume like diagnosis will be used on the delivery claim. If there was no medical reason, providers can select the "None, No medical reason" check box, however the claim will be denied. (see attached example diagnosis code listing)

Providers can register for the Birth module of LEERS via: <https://leers.oph.dhh.la.gov/>. Complete all fields, print, sign, and fax completed form to 504-568-8716 to request User ID and Password.

For assistance navigating through LEERS, see help text available via: <https://leers.oph.dhh.la.gov/HELP/index.htm#page=Leers Home.htm>.



Contact Software Support for assistance or any questions via:
From MEDTRON Sign On screen, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.

- OR- Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)
- OR- Fax: (985) 234-0609

APPENDIX: Singleton Births Below 39 Weeks Gestation Worksheet

Reason(s) for Delivery (check all that apply):

SAMPLE DIAGNOSIS LIST:

- 658.1_ Spontaneous Active Labor - Initiation of labor without the use of pharmacological and/or mechanical interventions. Does not include cervical ripening agents, mechanical dilators, or induction of labor but does include augmentation of labor. Labor is defined as uterine contractions resulting in concomitant cervical change (dilation and/or effacement).
- 763.8_ Abnormal Fetal Heart Rate or Fetal Distress - A compromised condition of the fetus typically discovered during fetal testing (biophysical profile or fetal heart rate monitoring) characterized by a non-reassuring biophysical profile or an abnormal fetal heart tracing.
- 641.2_ Abruptio - Placental abruptio occurs when the placenta separates from the wall of the uterus prior to the birth of the baby.
- 420-429 Cardiovascular Disease other than Hypertensive Disorder - A wide spectrum of conditions leading to maternal cardiac dysfunction including but not limited to congenital heart disease, cardiomyopathy, and infectious disease processes affecting the maternal myocardium.
- 415-417 Chronic Pulmonary Disease - Any of various lung diseases leading to poor pulmonary aeration, including asthma, emphysema and chronic bronchitis.
- 658.4 Chorioamnionitis - Infection of the amniotic fluid, membranes, placenta, and/or decidua.
- Coagulation Defects in Pregnancy – A wide spectrum of disorders including but not limited to disseminated intravascular coagulation, inherited thrombophilias, platelet disorders and preeclampsia. Defects can occur independent of pregnancy but pregnancy puts women at higher risk for blood clots because of pregnancy-associated changes in several coagulation factors.
- 655 Fetal malformation or congenital anomaly or disorder - A physical defect present in a fetus diagnosed either by amniocentesis or ultrasound. These can be caused by genetic or prenatal events or exposures.
- 042 HIV - A retrovirus that causes AIDS.
- 656.53 Intrauterine growth restriction - Refers to the poor growth of a fetus during pregnancy, specifically that the developing fetus weighs less than 90% of predicted for that gestational age.
- 773.2 Isoimmunization - An immune-mediated process that is caused by maternal antibodies that cross the placenta and target fetal red blood cell antigens.
- Maternal renal or liver disease - Renal and liver diseases during pregnancy, or multisystem diseases unique to pregnancy. Pregnancy-related physiologic changes may worsen the severity of pre-existing kidney or liver disease and pregnancy can occur in women with underlying renal or liver disease.
- 641.03 Placenta or vasa previa - Placenta previa is the presence of placental tissue overlying or proximate to the internal cervical os. Vasa previa refers to vessels that traverse the membranes located over the internal cervical os.
- 657.03 Polyhydramnios or Oligohydramnios - Polyhydramnios refers to excessive accumulation of amniotic fluid and oligohydramnios refers to amniotic fluid volume that is less than expected for gestational age. Oligohydramnios is defined as an amniotic fluid volume of 2 cm or less in the single deepest vertical pocket. Polyhydramnios commonly is described by an AFI greater than or equal to 24 cm or a maximum deepest vertical pocket of equal to or greater than 8 cm.
- 654.23 Previously scarred uterus other than low transverse - Uterine incision made in a vertical fashion or high up on the uterus during a prior cesarean section or a uterus that has scarring due to prior myomectomy or prior uterine surgery.
- 658.1_ Premature rupture of the membranes (PROM) - Refers to membrane rupture before the onset of uterine contractions (also known as prelabor rupture of membranes).
- 658.1_ Preterm Premature rupture of the membranes (Preterm PROM or PPROM) - Refers to PROM prior to 37/7ths weeks of gestation.

Diabetes (Glucose intolerance requiring treatment)

250. __ Prepregnancy - (Diagnosis prior to this pregnancy)
- 648.8 Gestational - (Diagnosis in this pregnancy)

642. __ Hypertension - (Elevation of blood pressure above normal for age, gender, and physiological condition.)

- Prepregnancy - (Chronic) Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.
- Gestational - (PIH, preeclampsia) Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy. May include proteinuria (protein in the urine) without seizures or coma and pathologic edema (generalized swelling, including swelling of the hands, legs and face).
- Eclampsia - Pregnancy induced hypertension with proteinuria with generalized seizures or coma. May include pathologic edema.

652. __ Fetal Presentation at Birth

- Breech
- Other (Non-cephalic, does NOT include vertex or cephalic)

NONE

- No medical reason