

A L E R T

April 13, 2017

TO: Hospitals, OB/GYNs, Nurse Midwives, Maternity Primary Contractors, FQHCs and RHCs

RE: ICD-10 Diagnosis Codes that identify weeks gestation of pregnancy and birth weight requirement when billing a delivery CPT Procedure Code

This ALERT updates and replaces the ALERT issued on January 13, 2017. The change includes the reporting range for Weeks Gestation of Pregnancy Diagnosis Codes.

Effective for Dates of Service beginning January 1, 2017, and thereafter, Medicaid required a Weeks Gestation of Pregnancy Diagnosis Code and a birth weight on delivery claims billed on an UB-04 or CMS 1500 Claim Form if a recipient has received any prenatal, delivery or postpartum services.

If delivery or prenatal visit CPT Procedure Codes are billed on an UB-04 or CMS 1500 Claim Form, an ICD-10 Diagnosis Code must be appended to identify the weeks gestation of pregnancy. The weeks gestation of pregnancy **IS** required on the mother's claim, **NOT** the newborn's claim.

The Weeks Gestation of Pregnancy Diagnosis Code and CPT Procedure Code for deliveries and prenatal visits must be linked by a Diagnosis Pointer/Indicator referenced on the claim detail. This means that the claim detail with the CPT Procedure Code for a delivery must have a Diagnosis Pointer referencing the Weeks Gestation of Pregnancy Diagnosis Code.

Claims that Require Gestational Age Diagnosis Codes

If any of the following claim types are billed, a Weeks Gestation of Pregnancy Diagnosis Code must be appended to the claim. The Weeks Gestation of Pregnancy Diagnosis Codes are Z3A.00 through Z3A49 and are listed below in Table 1.0.

1. A CMS 1500 or UB-04 claim (Professional and Outpatient Hospital claims) using the following delivery codes:

59400-59410	Vaginal delivery
59510-59515	Cesarean delivery
59610-59622	Delivery after previous cesarean delivery

2. A Nurse Midwife or Physician with specialties 316 (Family Practitioner), 318 (General Practitioner), 328 (OB-GYN) billing Office Visits Codes and Professional claims using a CMS 1500 Claim Form.

A L E R T

Z33	Pregnant state
Z34	Encounter for supervision of normal pregnancy
Z32.01	Encounter for pregnancy test-positive
O00-O08	Pregnancy with abortive outcome
O09-O09	Supervision of high risk pregnancy
O20-O29	Other maternal disorders predominantly related to pregnancy
O30-O48	Maternal care related to the fetus and amniotic cavity and possible delivery problems

99201-99205	New Patient Office Visits
99211-99215	Established Patient Office Visits

3. An Institutional Inpatient UB-04 Claim Forms using any of the following ICD-10 Procedure Codes:

10D00Z0-10D07Z8	Cesarean Delivery
10E0XZZ	Vaginal Delivery

Birth Weight Requirement on Institutional Inpatient UB-04 Claim Forms

An Institutional Inpatient UB-04 delivery claim requires a birthweight when an ICD-10 Surgical Procedure Code or an ICD-10 Diagnosis Code indicating delivery is submitted. ***This birthweight requirement only applies to deliveries with a gestational age of 20 weeks or greater (Z3A.20 – Z3A.49).** If a delivery claim is indicated as resulting in twins or triplets, a birthweight must be submitted for each newborn using the same criteria for a single newborn. This policy also applies to sick and well babies.

Please follow these guidelines for inpatient delivery claims

- For **paper** claims, enter value code 54 in box 39, 40 or 41 and the newborn's birth weight (in grams) in the corresponding amount field.
- For **electronic** claims, enter the newborn's birth weight in loop 2300, segment HI, with the qualifier BE and the value code 54 in HI01-2 and the newborn's weight (in grams) in HI01-5.
- Newborn birth weight must be entered in the format of xxxx.xx.

The claim form must contain one of the following ICD-10 Surgical Procedure Code;

10D00Z0-10D07Z8	Cesarean Delivery
10E0XZZ	Vaginal Delivery

OR

A L E R T

One of the following ICD-10 Diagnosis Codes;

O68-O709	Deliveries with Complication
O80-O82	Encounter for Delivery

***AND**

One of the following Weeks Gestation of Pregnancy Diagnosis Codes listed in Table 1.0.

Table 1.0

Z3A20	20 WEEKS GESTATION OF PREGNANCY	Z3A32	32 WEEKS GESTATION OF PREGNANCY
Z3A21	21 WEEKS GESTATION OF PREGNANCY	Z3A33	33 WEEKS GESTATION OF PREGNANCY
Z3A22	22 WEEKS GESTATION OF PREGNANCY	Z3A34	34 WEEKS GESTATION OF PREGNANCY
Z3A23	23 WEEKS GESTATION OF PREGNANCY	Z3A35	35 WEEKS GESTATION OF PREGNANCY
Z3A24	24 WEEKS GESTATION OF PREGNANCY	Z3A36	36 WEEKS GESTATION OF PREGNANCY
Z3A25	25 WEEKS GESTATION OF PREGNANCY	Z3A37	37 WEEKS GESTATION OF PREGNANCY
Z3A26	26 WEEKS GESTATION OF PREGNANCY	Z3A38	38 WEEKS GESTATION OF PREGNANCY
Z3A27	27 WEEKS GESTATION OF PREGNANCY	Z3A39	39 WEEKS GESTATION OF PREGNANCY
Z3A28	28 WEEKS GESTATION OF PREGNANCY	Z3A40	40 WEEKS GESTATION OF PREGNANCY
Z3A29	29 WEEKS GESTATION OF PREGNANCY	Z3A41	41 WEEKS GESTATION OF PREGNANCY
Z3A30	30 WEEKS GESTATION OF PREGNANCY	Z3A42	42 WEEKS GESTATION OF PREGNANCY
Z3A31	31 WEEKS GESTATION OF PREGNANCY	Z3A49	GREATER THAN 42 WEEKS GESTATION OF PREGNANCY

If you have any questions about this ALERT, please contact the appropriate program area listed below:

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