

**A L E R T**

December 14, 2016

**TO: Hospitals, OB/GYNs, Nurse Midwives, Maternity Primary Contractors, FQHCs and RHCs****RE: ICD-10 Diagnosis Codes that Identify Trimester and Gestational Age AND Birth Weight Requirement on UB-04 Claim Forms**

Effective for Dates of Service beginning January 1, 2017 and thereafter, Medicaid will require ICD-10 codes that identify the estimated weeks of gestation and trimester on a UB-04 or CMS 1500 claim form submitted for a pregnant recipient when the recipient has received any prenatal, delivery or postpartum services. The gestational age and trimester will be required on the mother's claim, not the newborn's claim. The Gestational Age Diagnosis codes are Z3A.00 through Z3A.42. Additionally, Medicaid will require the birth weight on all applicable UB-04 claim forms associated with a delivery.

**ICD-10 Diagnosis Codes that Identify Trimester and Gestational Age**

Gestational age diagnosis codes must be on the claim when one of the following 3 criteria are met:

1. A Professional and Outpatient Hospital claim is billed with the following delivery codes (CMS 1500 or OP UB-04 claim form):

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

2. A Professional claim (CMS 1500 claim form) is billed with a pregnancy diagnosis code and procedure code listed below by a Nurse Midwife or Physicians with the specialties 316 (Family Practitioner), 318 (General Practitioner), 328 (OB-GYN):

**Pregnancy Diagnosis Codes:**

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

**Evaluation and Management (E&M) Procedure Codes:**

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

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3. When an Institutional Claim (UB-04 claim form) is billed with any of the following ICD-10 procedure codes:

10D00Z0-10D0728	Cesarean Delivery
10E0XZZ	Vaginal Delivery

## **Birth Weight Requirement on Institutional Inpatient UB-04 Claim Forms**

### **Entering the Newborn's Birth Weight on the Newborn Inpatient Facility Claim:**

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.

**\*Please note that the newborn birth weight must be entered in the format of xxxx.xx.**

### **UB-04 Claims with the following criteria will require birthweight in the value code:**

A Claim submitted with one of the following ICD-10 Surgical Procedure:

10D00Z0-10D0728	Cesarean Delivery
10E0XZZ	Vaginal Delivery

A Claim submitted with one of the following ICD-10 Diagnosis Codes:

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

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

Maternity Program: Sylisa Lee-Jackson at [Sylisa.Lee-Jackson@medicaid.alabama.gov](mailto:Sylisa.Lee-Jackson@medicaid.alabama.gov)

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