

## New Jersey Early Elective Delivery Policy, Professional and Facility

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 forms and UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.*

**Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.**

*Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. UnitedHealthcare Community Plan uses a customized version of the Optum Claims Editing System known as iCES Clearinghouse to process claims in accordance with UnitedHealthcare Community Plan reimbursement policies.*

*\*CPT® is a registered trademark of the American Medical Association*

### Application

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.**

This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians and other qualified health care professionals.

### Policy

#### **Overview**

This policy describes reimbursement guidelines for the denial of non-medically indicated early elective deliveries (EEDs). New Jersey Family Care (NJFC) Medicaid will not reimburse for non-medically indicated EEDs.

#### **Reimbursement Guidelines**

Early elective deliveries (EEDs) are defined as scheduled cesarean sections or medical inductions performed prior to 39 weeks of gestation without medical indication. An EED is not justified solely by maternal request, availability of effective pain management, facility or provider scheduling issues. The American College of Obstetricians and Gynecologists (ACOG) Patient Safety Checklist for Planned Caesarian Deliveries and The ACOG Patient Safety Checklist for Scheduling Induction of Labor are tools that may be utilized to guide decision making around appropriateness of scheduling such procedures.

NJ state law and guidelines prohibits NJFC Medicaid reimbursement for professional and hospital, as well as clinic claims, for non-medically indicated EEDs with date of service on or after January 1, 2021. Providers are encouraged to

share educational materials with their patients to ensure their understanding of the risks associated with early elective deliveries.

Providers requesting NJFC Medicaid reimbursement for a labor and delivery claim are required to report an ICD-10-CM diagnosis code indicating the week of gestation (ICD-10-CM category code Z3A). Claims submitted without a diagnosis code indicating the week of gestation shall be denied payment. Any claim reporting a week of gestation ICD-10-CM diagnosis code of less than 39 weeks without one of the diagnosis codes identified by the ICD-10-CM categories shall be denied payment by the NJFC Medicaid Program.

Inpatient facility claims:

The following DRG codes requiring gestation week and/or medically necessary diagnosis codes are:

540	541	542	560	791	861	950	951	952	955
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

For C-Sections or medically necessary inductions for a delivery less than 39 weeks reported with a condition code 81, a high risk diagnosis is not required for the claim to be considered for reimbursement.

Spontaneous vaginal deliveries less than 39 weeks, should use 10E0XZZ or other appropriate code in the 10D0 series (10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, or 10D07Z8) to be considered for reimbursement.

Professional claims:

The following procedure codes requiring gestation week and/or medically necessary diagnosis codes are:

59409	59412	59414	59514	59612	59620
-------	-------	-------	-------	-------	-------

Any claim reporting one of the above procedure codes, and a week of gestation ICD-10-CM diagnosis code of less than 39 weeks without one of the diagnosis codes identified by the ICD-10-CM category code Z3A, will not be considered for reimbursement.

For a delivery prior to 39 weeks when an SC modifier is appended, a high risk diagnosis is not required for the claim to be considered for reimbursement.

NJ state law will allow a Doula to be present at delivery. Doula providers can bill 59409 and 59514 and shall be allowed reimbursement.

### Definitions

<b>Early Elective Delivery</b>	Scheduled cesarean sections or medical inductions performed prior to 39 weeks of gestation without medical indication.
--------------------------------	------------------------------------------------------------------------------------------------------------------------

### Questions and Answers

<b>1</b>	<p><b>Q:</b> Is a diagnosis code indicating the week of gestation required for labor and delivery claims?</p> <p><b>A:</b> Obstetricians, midwives, hospitals, and clinics requesting NJFC Medicaid reimbursement for a labor and delivery claim are required to report an ICD-10-CM diagnosis code indicating the week of gestation (ICD-10-CM category code Z3A). Claims submitted without a diagnosis code indicating the week of gestation shall be denied payment.</p>
<b>2</b>	<p><b>Q:</b> If ICD-10 Diagnosis Code Z3A.00 is submitted with a labor claim, will the claim be denied?</p> <p><b>A:</b> The ICD-10 Diagnosis Code Z3A.00 is not considered a gestation week diagnosis code greater than or equal to 39 weeks. If this code is submitted, a medically necessary diagnosis code must also be submitted, or the encounter will deny.</p>

<b>3</b>	<p><b>Q:</b> What additional information is required for professional claims that reports one of the following procedure codes, 59409, 59412, 59414, 59514, 59612, 59620 and a week of gestation ICD-10-CM diagnosis code of less than 39 weeks?</p> <p><b>A:</b> Any claim reporting one of the above procedure codes, and a week of gestation ICD-10-CM diagnosis code of less than 39 weeks without one of the diagnosis codes identified by the following ICD-10-CM categories listed, O10; O11; O12; O13; O14; O15; O16; O24; O30; O31; O33; O35; O36; O42; O43; O44; O45; O71; or R03, shall be denied by the NJFC Medicaid program.</p>
----------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Attachments:	
<a href="#"><u>NJFC Required ICD-10 Codes</u></a>	A list of ICD-10-CM diagnosis codes that are required when an ICD-10-CM gestation code of less than 39 weeks is reported.
<a href="#"><u>NJFC Required CPT Codes</u></a>	A list of CPT procedure codes that are required when an ICD-10-CM gestation code of less than 39 weeks is reported.
<a href="#"><u>NJFC ICD-10-CM Gestation Codes</u></a>	A list of ICD-10-CM diagnosis gestation codes.

Resources
<p>New Jersey Medicaid Newsletter Volume 31 No. 24 - October 2021.</p> <p>American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.</p> <p>Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets</p> <p>Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services</p> <p>Publications and services of the American Congress of Obstetricians and Gynecologists (ACOG)</p>

History	
<b>2/1/2026</b>	Annual Anniversary Date and Version Change History Section: Entries prior to 2/1/2024 archived
<b>11/1/2025</b>	Annual Anniversary Date and Version Change History Section: Entries prior to 11/1/2023 archived
<b>01/01/2021</b>	Policy Implemented by UnitedHealthcare Community Plan