APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

The American College of Obstetricians and Gynecologists Committee on Obstetric Practice as well as the Society for Maternal-Fetal Medicine (2013) issued a statement on medically indicated late-preterm and early-term deliveries:

The neonatal risks of late preterm (34 0/7 – 36 6/7 weeks of gestation) and early-term (37 0/7 – 38 6/7 weeks of gestation) births are well established. However, there are a number of maternal, fetal, and placental complications in which either a late-preterm or early-term delivery is warranted. The timing of delivery in such cases must balance the maternal and newborn risks of late-preterm and early-term delivery with the risks of further continuation of pregnancy. Decisions regarding timing of delivery must be individualized. Amniocentesis for the determination of fetal lung maturity in well-dated pregnancies generally should not be used to guide the timing of delivery.
MEDICALLY INDICATED
PRE-TERM DELIVERIES
HS-207

POSITION STATEMENT

Kentucky Medicaid

Applicable To:

☑ Medicaid - Kentucky

The following conditions are medically necessary for late preterm and early-term births – the suggested timing of delivery is noted:¹

Placental / Uterine Issues

Placenta previa* 36 0/7 – 37 6/7 weeks of gestation
Placenta previa with suspected accrete, increta, or percreta* 34 0/7 – 35 6/7 weeks of gestation
Prior classical cesarean 36 0/7 – 37 6/7 weeks of gestation
Prior myomectomy 37 0/7 – 38 6/7 weeks of gestation

Fetal Issues

Growth restriction (singleton) Otherwise uncomplicated, no concurrent findings 38 0/7 – 39 6/7 weeks of gestation
Concurrent conditions (oligohydramnios, abnormal Doppler studies, maternal co-morbidity (e.g., preeclampsia, chronic hypertension) 34 0/7 – 37 6/7 weeks of gestation
Growth restriction (twins) Di-Di twins with isolated fetal growth restriction 36 0/7 – 37 6/7 weeks of gestation
Di-Di twins with concurrent condition - abnormal Doppler studies, maternal co-morbidity (e.g., preeclampsia, chronic hypertension) 32 0/7 – 34 6/7 weeks of gestation
Mo-Di twins with isolated fetal growth restriction 32 0/7 – 34 6/7 weeks of gestation
Oligohydramnios 36 0/7 – 37 6/7 weeks of gestation

Maternal Issues

Chronic hypertension Controlled on no medications 38 0/7 – 39 6/7 weeks of gestation
Controlled on medications 37 0/7 – 39 6/7 weeks of gestation
Difficult to control 36 0/7 – 37 6/7 weeks of gestation
Gestational hypertension 37 0/7 – 38 6/7 weeks of gestation
Preeclampsia – severe At diagnosis, after 34 0/7 weeks gestation
Preeclampsia – mild At diagnosis, after 37 0/7 weeks gestation
 Diabetes
Pregestational well-controlled* 37 0/7 – 39 6/7 weeks of gestation
Pregestational with vascular complications Individualized
Pregestational, poorly controlled Individualized
Gestational – well controlled on diet or medications Individualized
Gestational – poorly controlled Individualized

*Uncomplicated, thus no fetal growth restriction, superimposed preeclampsia, or other complication. If present, then the complicating conditions take precedence and earlier delivery may be indicated.

Abbreviations: Di-Di, dichorionic-diamniotic; Mo-Di, monochorionic-diamniotic

NOTE: Late preterm birth is defined as 34 0/7 – 36 6/7 weeks of gestation. Early-term is defined as 37 0/7 – 38 6/7 weeks of gestation.

CODING

Covered CPT® Codes

59400 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409 Vaginal delivery only (with or without episiotomy and/or forceps)
59410 Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59412 External cephalic version, with or without tocolysis
59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care

Clinical Coverage Guidance


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Cesarean delivery only
Cesarean delivery only; including postpartum care

**HCPCS® Codes** – No applicable codes.

**Covered ICD-10-PCS Procedure Codes (Inpatient Only) obtained from the 2015 Draft ICD-10 PCS Code Set**

- **0Q820ZZ** Division of Right Pelvic Bone, Open Approach
- **0Q823ZZ** Division of Right Pelvic Bone, Percutaneous Approach
- **0Q824ZZ** Division of Right Pelvic Bone, Percutaneous Endoscopic Approach
- **0Q830ZZ** Division of Left Pelvic Bone, Open Approach
- **0Q833ZZ** Division of Left Pelvic Bone, Percutaneous Approach
- **0Q834ZZ** Division of Left Pelvic Bone, Percutaneous Endoscopic Approach
- **0U7C7ZZ** Dilation of Cervix, Via Natural or Artificial Opening
- **0W8NXZZ** Division of Female Perineum, External Approach
- **10900ZC** Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Open Approach
- **10903ZC** Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approach
- **10904ZC** Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endoscopic Approach
- **10907ZA** Drainage of Fetal Cerebrospinal Fluid from Products of Conception, Via Natural or Artificial Opening
- **10907ZC** Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening
- **10908ZA** Drainage of Fetal Cerebrospinal Fluid from Products of Conception, Via Natural or Artificial Opening Endoscopic
- **10908ZC** Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening Endoscopic
- **10A07Z6** Abortion of Products of Conception, Vacuum, Via Natural or Artificial Opening
- **10A07ZZ** Abortion of Products of Conception, Via Natural or Artificial Opening
- **10A08ZC** Abortion of Products of Conception, Via Natural or Artificial Opening Endoscopic
- **10D00Z0** Extraction of Products of Conception, Classical, Open Approach
- **10D00Z1** Extraction of Products of Conception, Low Cervical, Open Approach
- **10D00Z2** Extraction of Products of Conception, Extraperitoneal, Open Approach
- **10D07Z3** Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening
- **10D07Z4** Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening
- **10D07Z5** Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening
- **10D07Z6** Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening
- **10D07Z7** Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening
- **10D07Z8** Extraction of Products of Conception, Other, Via Natural or Artificial Opening
- **10E0XZ2** Delivery of Products of Conception, External Approach
- **10J07ZZ** Inspection of Products of Conception, Via Natural or Artificial Opening
- **10S07ZZ** Reposition Products of Conception, Via Natural or Artificial Opening
- **10S0XZZ** Reposition Products of Conception, External Approach
- **3E030VJ** Introduction of Other Hormone into Peripheral Vein, Open Approach
- **3E033VJ** Introduction of Other Hormone into Peripheral Vein, Percutaneous Approach
- **3E040VJ** Introduction of Other Hormone into Central Vein, Open Approach
- **3E043VJ** Introduction of Other Hormone into Central Vein, Percutaneous Approach
- **3E050VJ** Introduction of Other Hormone into Peripheral Artery, Open Approach
- **3E053VJ** Introduction of Other Hormone into Peripheral Artery, Percutaneous Approach
- **3E060VJ** Introduction of Other Hormone into Central Artery, Open Approach
- **3E063VJ** Introduction of Other Hormone into Central Artery, Percutaneous Approach
- **3E0DXGC** Introduction of Other Therapeutic Substance into Mouth and Pharynx, External Approach
- **3E0P7GC** Introduction of Other Therapeutic Substance into Female Reproductive, Via Natural or Artificial Opening
Covered ICD-10-CM Diagnosis Codes

D25.0 - D25.9  Leiomyoma of uterus
D26.1  Other benign neoplasm of corpus uteri
O10.013  Pre-existing hypertension complicating pregnancy, third trimester
O10.113  Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.213  Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10.313  Pre-existing hypertensive heart & chronic kidney disease complicating pregnancy, third trimester
O10.413  Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.913  Pre-existing hypertension complicating pregnancy, third trimester
O11.3  Pre-existing hypertension with pre-eclampsia, third trimester
O13.3  Gestational [pregnancy induced] hypertension without significant proteinuria, third trimester
O14.03  Mild to moderate pre-eclampsia, third trimester
O14.13  Severe pre-eclampsia, third trimester
O14.23  HELLP syndrome (HELLP), third trimester
O15.03  Eclampsia in pregnancy, third trimester
O16.3  Unspecified maternal hypertension, third trimester
O24.013  Pre-existing diabetes mellitus type 1 in pregnancy, third trimester
O24.113  Pre-existing diabetes mellitus type 2 in pregnancy, third trimester
O24.313  Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.410 - O24.419  Gestational diabetes mellitus
O24.813  Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.913  Unspecified diabetes mellitus in pregnancy, third trimester
O34.13  Maternal care for benign tumor of corpus uteri, third trimester
O34.21  Maternal care for scar from previous cesarean delivery
O36.5930-O36.5939  Maternal care for known or suspected poor fetal growth, third trimester
O41.03X0-O41.03X9  Oligohydramnios, third trimester
O43.213  Placenta accreta, third trimester
O43.223  Placenta increta, third trimester
O43.233  Placenta percreta, third trimester
O44.03  Placenta previa specified as without hemorrhage, third trimester
O44.13  Placenta previa with hemorrhage, third trimester
O72.0  Third-stage hemorrhage
O73.0  Retained placenta without hemorrhage
O73.1  Retained portions of placenta and membranes, without hemorrhage
O99.893  Supervision of other high risk pregnancies, third trimester
O10.013  Pre-existing essential hypertension complicating pregnancy, third trimester
O10.113  Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.213  Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
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O24.113  Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester
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O24.410-O24.419  Gestational diabetes mellitus in pregnancy
O24.420-O24.429  Gestational diabetes mellitus in childbirth
O24.813  Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.913  Unspecified diabetes mellitus in pregnancy, third trimester
O34.21  Maternal care for scar from previous cesarean delivery
O36.5130 -O36.5139  Maternal care for known or suspected placental insufficiency, third trimester, any fetus
O36.5930-O36.5939  Maternal care for other known or suspected poor fetal growth, third trimester, any fetus
O44.03  Placenta previa specified as without hemorrhage, third trimester
O72.0  Third-stage hemorrhage
O73.0  Retained placenta without hemorrhage
O73.1  Retained portions of placenta without hemorrhage
O99.810  Abnormal glucose complicating pregnancy
Z3A.34  34 weeks gestation of pregnancy
Z3A.35  35 weeks gestation of pregnancy
Z3A.36  36 weeks gestation of pregnancy
Z3A.37  37 weeks gestation of pregnancy
Z3A.38  38 weeks gestation of pregnancy

Kentucky Medicaid

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**REFERENCES**


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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