



Easy Choice Health Plan

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

Medically Indicated Pre-Term Deliveries

Policy Number: HS-207

Original Effective Date: 4/11/2013

**Revised Date(s): 11/7/2013; 11/6/2014;
11/5/2015; 11/3/2016; 9/7/2017; 12/7/2017;
11/1/2018**

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.

POSITION STATEMENT

Applicable To:

- Medicaid

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 wks gestation
Preeclampsia – mild	At diagnosis, after 37 0/7 wks gestation
Diabetes	
Pregestational well-controlled*	
Pregestational with vascular complications	37 0/7 – 39 6/7 weeks of gestation
Pregestational, poorly controlled	Individualized
Gestational – well controlled on diet or medications	
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.

Georgia Specific Criteria ²

See additional information the Coding section below.

All claims for elective inductions/C-sections must include the last menstrual period (LMP) **OR** the estimated date of confinement (EDC)/estimated delivery date (EDD) in field 14 of the CMS 1500 paper/electronic form.

The following modifiers will be required on the practitioner's claim when billing obstetric services for payment:

UB—Medically necessary delivery prior to 39 weeks of gestation.

- Deliveries resulting from members presenting in labor, or at risk of labor, and subsequently delivering before 39 weeks gestation; **OR**,
- Inductions or cesarean sections that meet the JCAHO approved medical necessity guidelines (the

appropriate ACOG Patient Safety Checklist, or comparable form, must be completed and maintained with all other pertinent documentation in the member's file); **OR**,

- Inductions or cesarean sections that do not meet the JCAHO guidelines, but have been prior approved by GMCF after review of medical documentation. NOTE: The ACOG Patient Safety Checklist, or comparable form, and GMCF approval must be maintained in the member's file with all other documentation.

UC—Delivery at 39 weeks of gestation or later

- For all deliveries at 39 weeks gestation or later regardless of method (induction, cesarean section or spontaneous labor),

UD –Non-medically necessary delivery prior to 39 weeks of gestation (elective non-medically necessary deliveries less than 39 weeks gestation).

- For deliveries less than 39 weeks gestation that do not meet JCAHO guidelines for an exception, are not prior approved by GMCF as medically necessary with clinical justification, or are elected by the provider and/or member. Examples of unacceptable reasons for delivery prior to 39 weeks gestation include: patient choice, primary physician going out of town, history of fast labor, etc.

NOTE: The practitioner's obstetric delivery (vaginal or C-sections) claims that are submitted without one of the required modifiers (listed above) will be denied and the linked hospital claim will also deny. To avoid claim denials, practitioners and hospitals must follow this policy.

Providers should utilize best practice guidelines prior to performing C-sections, labor inductions or any delivery following labor inductions. The following criteria should be considered to support medical necessity and justification:

- Gestational age of the fetus should be determined to be at least 39 weeks. Gestational age should be confirmed using ACOG's criteria (ultrasound measurement, fetal heart tone by Doppler ultrasonograph, or certain number of weeks since a positive serum urine or human chorionic gonadotropin pregnancy test.
- When the delivery occurs prior to 39 weeks, maternal and/or fetal conditions must dictate medical necessity for the delivery.
- C-sections, labor inductions, or deliveries following labor inductions that occur prior to 39 weeks gestation and are not considered medically necessary will be denied.
- All medical records will be subject to retrospective review. These reviews may result in the recoupment of funds paid for deliveries that were less than 39 weeks gestation and paid when there was not a valid medical condition, clinical justification or an approval from GMCF for the delivery.

Joint Commission: Conditions Justifying Early Elective Delivery ³

- Abruptio: Placental abruptio, placenta previa, unspecified antenatal hemorrhage (641.x)
- Chorioamnionitis (658.41)
- Fetal demise (656.41, V27.1)
- Diagnosis of still birth (V27.1,V27.3,V27.4,V27.6,V27.7)
- Any hypertensive disorder (642.x)
- Ruptured membranes (658.11); delayed delivery after rupture of membranes (658.21, 658.31), amniotic infection(658.41)
- Post-dates (645.x)
- Preexisting diabetes mellitus (648.01) & gestational diabetes (648.81, 648.82)
- Renal disease (646.21, 646.22)
- Maternal Coagulation defects in pregnancy (649.31, 649.32)
- Liver diseases (646.71), congenital cardiovascular disorders (648.5), other cardiovascular diseases (648.6)
- Asymptomatic HIV infection (V08), HIV disease (042) (647.61,647.62)
- Fetal distress (656.31), abnormal fetal heart rate (659.71)
- Intrauterine growth restriction (IUGR) (656.51)
- Isoimmunization related to Rh (656.11) or related to other types (656.21), fetal-maternal hemorrhage (656.01)
- Oligohydramnios (658.01)
- Polyhydramnios (657.01)
- Multiple gestation (651.x)
- Unstable lie (652.01)
- Multiple gestation malpresentation-delivered (652.61)

- Fetal central nervous system malformation or chromosomal abnormality, suspected damage to the fetus from viral or other diseases in the mother, drugs, radiation (655.01, 655.11, 655.31, 655.41, 655.51, 655.61, 655.81)
- Vasa Previa (663.51)

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
- 59514** Cesarean delivery only
- 59515** Cesarean delivery only; including postpartum care

HCPCS® Codes – No applicable codes.

Covered ICD-10-PCS Procedure Codes (Inpatient Only)

- 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
- 10A08ZZ** 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
- 10E0XZZ** 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
O23.113	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
O09.893	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
O10.313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10.413	Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.913	Unspecified 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
O14.93	Unspecified pre-eclampsia, 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 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
O41.03x0-O41.03x9	Oligohydramnios, third trimester, any fetus
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
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

Georgia Specific

Effective December 1, 2017, the Department of Community Health, Medicaid Division, will enforce a coding policy for reporting Elective Cesarean Sections rates. Coding guidance from the State of Georgia is noted below for appropriate coding of cesarean sections delivery claims.

As a reminder, per Medicaid policy, professional 1500 claims submitted without a DIAGNOSIS code and an LMP/EDC for ANY labor inductions or cesarean sections on or before 39 weeks gestation that are not properly documented as medically necessary will be DENIED. ALL Medicaid practitioners' claims for Elective inductions/C-sections must include the LMP/EDC/EDD in field locator 14 of the CMS 1500 paper/electronic form.

Practitioners are to continue billing the following obstetric procedure codes on their 1500 professional claim forms for payment: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, and 59622, along with one of the three modifiers (UB, UC, UD) appended to the billed delivery procedure code.

Covered ICD-10-CM Diagnosis Codes

B20	Human immunodeficiency virus [HIV] disease
O09.293	Supervision of pregnancy with other poor reproductive or obstetric history, 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

O10.313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10.413	Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.913	Unspecified pre-existing hypertension complicating pregnancy, third trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O12.13	Gestational proteinuria, third trimester
O12.23	Gestational edema with proteinuria, 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
O14.93	Unspecified pre-eclampsia, 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
O24.410 - 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
O26.613	Liver and biliary tract disorders in pregnancy, third trimester
O26.833	Pregnancy related renal disease, third trimester
O30.003	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, 3rd tri.
O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester
O30.093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.103	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.113	Triplet pregnancy with two or more monochorionic fetuses, third trimester
O30.123	Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O30.193	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.203	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.213	Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30.223	Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30.293	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.803	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.813	Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O30.823	Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O30.893	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.93	Multiple gestation, unspecified, third trimester
O31.13x0 - O31.13x9	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, any fetus
O31.23x0 - O31.23x9	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, any fetus
O31.33x0 - O31.33x9	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, any fetus
O31.8X30 - O31.8X39	Other complications specific to multiple gestation, third trimester, any fetus
O32.0xx0 - O32.0xx9	Maternal care for unstable lie, any fetus
O32.9xx0 - O32.9xx9	Maternal care for malpresentation of fetus, unspecified, any fetus
O35.0xx0 - O35.0xx9	Maternal care for (suspected) central nervous system malformation in fetus, any fetus
O35.1xx0 - O35.1xx9	Maternal care for (suspected) chromosomal abnormality in fetus, any fetus

O35.3xx0 - O35.3xx9	Maternal care for (suspected) damage to fetus from viral disease in mother, any fetus
O35.4xx0 - O35.4xx9	Maternal care for (suspected) damage to fetus from alcohol, any fetus
O35.5xx0 - O35.5xx9	Maternal care for (suspected) damage to fetus by drugs, any fetus
O35.6xx0 - O35.6xx9	Maternal care for (suspected) damage to fetus by radiation, any fetus
O35.8xx0 - O35.8xx9	Maternal care for other (suspected) fetal abnormality and damage, any fetus
O36.0130 - O36.0139	Maternal care for anti-D [Rh] antibodies, third trimester, any fetus
O36.0930 - O36.0939	Maternal care for other rhesus isoimmunization, third trimester, any fetus
O36.1130 - O36.1139	Maternal care for Anti-A sensitization, third trimester, any fetus
O36.1930 - O36.1939	Maternal care for other isoimmunization, third trimester, any fetus
O36.4xx0 - O36.4xx9	Maternal care for intrauterine death, any fetus
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
O40.3xx0 - O40.3xx9	Polyhydramnios, third trimester, any fetus
O41.03x0 - O41.03x9	Oligohydramnios, third trimester, any fetus
O41.1030 - O41.1039	Infection of amniotic sac and membranes, unspecified, third trimester, any fetus
O41.1230 - O41.1239	Chorioamnionitis, third trimester, any fetus
O41.1430 - O41.1439	Placentitis, third trimester, any fetus
O42.013	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester
O42.113	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester
O42.913	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester
O43.013	Fetomaternal placental transfusion syndrome, third trimester
O44.03	Placenta previa specified as without hemorrhage, third trimester
O44.13	Placenta previa with hemorrhage, third trimester
O45.003	Premature separation of placenta with coagulation defect, unspecified, third trimester
O45.013	Premature separation of placenta with afibrinogenemia, third trimester
O45.023	Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45.093	Premature separation of placenta with other coagulation defect, third trimester
O45.8X3	Other premature separation of placenta, third trimester
O45.93	Premature separation of placenta, unspecified, third trimester
O46.003	Antepartum hemorrhage with coagulation defect, unspecified, third trimester
O46.013	Antepartum hemorrhage with afibrinogenemia, third trimester
O46.023	Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
O46.093	Antepartum hemorrhage with other coagulation defect, third trimester
O46.8X3	Other antepartum hemorrhage, third trimester
O46.93	Antepartum hemorrhage, unspecified, third trimester
O48.0-O48.1	Late pregnancy
O66.6	Obstructed labor due to other multiple fetuses
O67.0-O67.9	Labor and delivery complicated by intrapartum hemorrhage, not elsewhere classified
O68	Labor and delivery complicated by abnormality of fetal acid-base balance
O69.4xx0-O69.4xx9	Labor and delivery complicated by vasa previa, any fetus
O75.5	Delayed delivery after artificial rupture of membranes
O76	Abnormality in fetal heart rate and rhythm complicating labor and delivery
O98.413	Viral hepatitis complicating pregnancy, third trimester
O98.513	Other viral diseases complicating pregnancy, third trimester
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
O99.113	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester
O99.413	Diseases of the circulatory system complicating pregnancy, third trimester
O99.810	Abnormal glucose complicating pregnancy

Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z37.1	Single stillbirth
Z37.3	Twins, one liveborn and one stillborn
Z37.4	Twins, both stillborn
Z37.60-Z37.69	Other multiple births, some liveborn
Z37.7	Other multiple births, all stillborn
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
Z3A.39	39 weeks gestation of pregnancy
Z3A.40	40 weeks gestation of pregnancy
Z3A.41	41 weeks gestation of pregnancy
Z3A.42	42 weeks gestation of pregnancy
Z3A.49	Greater than 42 weeks gestation of pregnancy

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Medically indicated late-preterm and early-term deliveries. American College of Obstetricians and Gynecologists, & Society for Maternal-Fetal Medicine. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Medically-Indicated-Late-Preterm-and-Early-Term-Deliveries>. Published 2013. Accessed October 8, 2018.
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3. Specifications Manual for Joint Commission National Quality Measures (v2013A1). Joint Commission Web site. <https://manual.jointcommission.org/releases/TJC2013A/>. Published 2013. Accessed October 8, 2018.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
11/1/2018	<ul style="list-style-type: none"> • Approved by MPC. No changes.
12/7/2017	<ul style="list-style-type: none"> • Approved by MPC. Inclusion of Georgia coding guidance per DCH.
9/7/2017, 11/3/2016	<ul style="list-style-type: none"> • Approved by MPC. No changes.
11/5/2015	<ul style="list-style-type: none"> • Approved by MPC. Coding changes only (ICD-9 and ICD-10).
11/6/2014	<ul style="list-style-type: none"> • Approved by MPC. No changes.
11/7/2013	<ul style="list-style-type: none"> • Approved by MPC. Inclusion of Georgia specific criteria.
4/11/2013	<ul style="list-style-type: none"> • Approved by MPC. New guideline.