MEDICALLY INDICATED
PRE-TERM DELIVERIES

Care1st Health Plan Arizona, Inc.
Easy Choice Health Plan
Harmony Health Plan of Illinois
Missouri Care
'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
OneCare (Care1st Health Plan Arizona, Inc.)
Staywell of Florida
WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)
WellCare Prescription Insurance

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 state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but 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:

<table>
<thead>
<tr>
<th>Placental / Uterine Issues</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placenta previa*</td>
<td>36 0/7 – 37 6/7 weeks of gestation</td>
</tr>
<tr>
<td>Placenta previa with suspected accrete, increta, or percreta*</td>
<td>34 0/7 – 35 6/7 weeks of gestation</td>
</tr>
<tr>
<td>Prior classical cesarean</td>
<td>36 0/7 – 37 6/7 weeks of gestation</td>
</tr>
<tr>
<td>Prior myomectomy</td>
<td>37 0/7 – 38 6/7 weeks of gestation</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Maternal Issues</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic hypertension</td>
<td></td>
</tr>
<tr>
<td>Controlled on no medications</td>
<td>38 0/7 – 39 6/7 weeks of gestation</td>
</tr>
<tr>
<td>Controlled on medications</td>
<td>37 0/7 – 39 6/7 weeks of gestation</td>
</tr>
<tr>
<td>Difficult to control</td>
<td>36 0/7 – 37 6/7 weeks of gestation</td>
</tr>
<tr>
<td>Gestational hypertension</td>
<td>37 0/7 – 38 6/7 weeks of gestation</td>
</tr>
<tr>
<td>Preeclampsia – severe</td>
<td>At diagnosis, after 34 0/7 wks gestation</td>
</tr>
<tr>
<td>Preeclampsia – mild</td>
<td>At diagnosis, after 37 0/7 wks gestation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregestational well-controlled*</td>
<td></td>
</tr>
<tr>
<td>Pregestational with vascular complications</td>
<td>37 0/7 – 39 6/7 weeks of gestation</td>
</tr>
<tr>
<td>Pregestational, poorly controlled</td>
<td>Individualized</td>
</tr>
<tr>
<td>Gestational – well controlled on diet or medications</td>
<td>Individualized</td>
</tr>
<tr>
<td>Gestational – poorly controlled</td>
<td></td>
</tr>
</tbody>
</table>

*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.

**Georgia Specific Criteria**

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**
- Abruption: Placental abruption, 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) 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
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
MEDICALLY INDICATED PRE-TERM DELIVERIES

HS-207

10D07Z8 Extraction of Products of Conception, Other, Via Natural or Artificial Opening
10E0XZ8 Delivery of Products of Conception, External Approach
10J07Z8 Inspection of Products of Conception, Via Natural or Artificial Opening
10S07Z8 Reposition Products of Conception, Via Natural or Artificial Opening
10S0XZ8 Reposition Products of Conception, External Approach

3E030VJ Introduction of Other Hormone into Peripheral Vein, Open Approach
3E03V3J 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 Leioymoma 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
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
MEDICALLY INDICATED
PRE-TERM DELIVERIES
HS-207

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
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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O31.33x0 - O31.33x9</td>
<td>Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, any fetus</td>
</tr>
<tr>
<td>O31.8X30 - O31.8X39</td>
<td>Other complications specific to multiple gestation, third trimester, any fetus</td>
</tr>
<tr>
<td>O32.0x0 - O32.0x9</td>
<td>Maternal care for unstable lie, any fetus</td>
</tr>
<tr>
<td>O32.9x0 - O32.9x9</td>
<td>Maternal care for malpresentation of fetus, unspecified, any fetus</td>
</tr>
<tr>
<td>O35.0x0 - O35.0x9</td>
<td>Maternal care for (suspected) central nervous system malformation in fetus, any fetus</td>
</tr>
<tr>
<td>O35.1x0 - O35.1x9</td>
<td>Maternal care for (suspected) chromosomal abnormality in fetus, any fetus</td>
</tr>
<tr>
<td>O35.3x0 - O35.3x9</td>
<td>Maternal care for (suspected) damage to fetus from viral disease in mother, any fetus</td>
</tr>
<tr>
<td>O35.4x0 - O35.4x9</td>
<td>Maternal care for (suspected) damage to fetus from alcohol, any fetus</td>
</tr>
<tr>
<td>O35.5x0 - O35.5x9</td>
<td>Maternal care for (suspected) damage to fetus by drugs, any fetus</td>
</tr>
<tr>
<td>O35.6x0 - O35.6x9</td>
<td>Maternal care for (suspected) damage to fetus by radiation, any fetus</td>
</tr>
<tr>
<td>O35.8x0 - O35.8x9</td>
<td>Maternal care for other (suspected) fetal abnormality and damage, any fetus</td>
</tr>
<tr>
<td>O36.0130 - O36.0139</td>
<td>Maternal care for anti-D [Rh] antibodies, third trimester, any fetus</td>
</tr>
<tr>
<td>O36.0930 - O36.0939</td>
<td>Maternal care for other rhesus isoimmunization, third trimester, any fetus</td>
</tr>
<tr>
<td>O36.1130 - O36.1139</td>
<td>Maternal care for Anti-A sensitization, third trimester, any fetus</td>
</tr>
<tr>
<td>O36.1930 - O36.1939</td>
<td>Maternal care for other isoimmunization, third trimester, any fetus</td>
</tr>
<tr>
<td>O36.4x0 - O36.4x9</td>
<td>Maternal care for intrauterine death, any fetus</td>
</tr>
<tr>
<td>O36.5130 - O36.5139</td>
<td>Maternal care for known or suspected placental insufficiency, third trimester, any fetus</td>
</tr>
<tr>
<td>O36.5930 - O36.5939</td>
<td>Maternal care for other known or suspected poor fetal growth, third trimester, any fetus</td>
</tr>
<tr>
<td>O40.3xx0 - O40.3xx9</td>
<td>Polyhydramnios, third trimester, any fetus</td>
</tr>
<tr>
<td>O41.03x0 - O41.03x9</td>
<td>Oligohydramnios, third trimester, any fetus</td>
</tr>
<tr>
<td>O41.1030 - O41.1039</td>
<td>Infection of amniotic sac and membranes, unspecified, third trimester, any fetus</td>
</tr>
<tr>
<td>O41.1230 - O41.1239</td>
<td>Chorioamnionitis, third trimester, any fetus</td>
</tr>
<tr>
<td>O41.1430 - O41.1439</td>
<td>Placentitis, third trimester, any fetus</td>
</tr>
<tr>
<td>O42.013</td>
<td>Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester</td>
</tr>
<tr>
<td>O42.113</td>
<td>Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester</td>
</tr>
<tr>
<td>O42.913</td>
<td>Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester</td>
</tr>
<tr>
<td>O43.013</td>
<td>Fetomaternal placental transfusion syndrome, third trimester</td>
</tr>
<tr>
<td>O44.03</td>
<td>Placenta previa specified as without hemorrhage, third trimester</td>
</tr>
<tr>
<td>O44.13</td>
<td>Placenta previa with hemorrhage, third trimester</td>
</tr>
<tr>
<td>O45.003</td>
<td>Premature separation of placenta with coagulation defect, unspecified, third trimester</td>
</tr>
<tr>
<td>O45.013</td>
<td>Premature separation of placenta with afibrinogenemia, third trimester</td>
</tr>
<tr>
<td>O45.023</td>
<td>Premature separation of placenta with disseminated intravascular coagulation, third trimester</td>
</tr>
<tr>
<td>O45.093</td>
<td>Premature separation of placenta with other coagulation defect, third trimester</td>
</tr>
<tr>
<td>O45.8X3</td>
<td>Other premature separation of placenta, third trimester</td>
</tr>
<tr>
<td>O45.93</td>
<td>Premature separation of placenta, unspecified, third trimester</td>
</tr>
<tr>
<td>O46.003</td>
<td>Antepartum hemorrhage with coagulation defect, unspecified, third trimester</td>
</tr>
<tr>
<td>O46.013</td>
<td>Antepartum hemorrhage with afibrinogenemia, third trimester</td>
</tr>
<tr>
<td>O46.023</td>
<td>Antepartum hemorrhage with disseminated intravascular coagulation, third trimester</td>
</tr>
<tr>
<td>O46.093</td>
<td>Antepartum hemorrhage with other coagulation defect, third trimester</td>
</tr>
<tr>
<td>O46.8X3</td>
<td>Other antepartum hemorrhage, third trimester</td>
</tr>
<tr>
<td>O46.93</td>
<td>Antepartum hemorrhage, unspecified, third trimester</td>
</tr>
<tr>
<td>O48.0-O48.1</td>
<td>Late pregnancy</td>
</tr>
<tr>
<td>O66.6</td>
<td>Obstructed labor due to other multiple fetuses</td>
</tr>
<tr>
<td>O67.0-O67.9</td>
<td>Labor and delivery complicated by intrapartum hemorrhage, not elsewhere classified</td>
</tr>
<tr>
<td>O68</td>
<td>Labor and delivery complicated by abnormality of fetal acid-base balance</td>
</tr>
<tr>
<td>O69.4xx0-O69.4xx9</td>
<td>Labor and delivery complicated by vasa previa, any fetus</td>
</tr>
<tr>
<td>O75.5</td>
<td>Delayed delivery after artificial rupture of membranes</td>
</tr>
<tr>
<td>O76</td>
<td>Abnormality in fetal heart rate and rhythm complicating labor and delivery</td>
</tr>
<tr>
<td>O98.413</td>
<td>Viral hepatitis complicating pregnancy, third trimester</td>
</tr>
</tbody>
</table>
MEDICALLY INDICATED PRE-TERM DELIVERIES

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

REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/7/2017</td>
<td>• Approved by MPC. Inclusion of Georgia coding guidance per DCH.</td>
</tr>
<tr>
<td>9/7/2017</td>
<td>• Approved by MPC. No changes.</td>
</tr>
<tr>
<td>11/3/2016</td>
<td>• Approved by MPC. No changes.</td>
</tr>
<tr>
<td>11/5/2015</td>
<td>• Approved by MPC. Coding changes only (ICD-9 and ICD-10).</td>
</tr>
<tr>
<td>11/6/2014</td>
<td>• Approved by MPC. No changes.</td>
</tr>
<tr>
<td>11/7/2013</td>
<td>• Approved by MPC. Inclusion of Georgia specific criteria.</td>
</tr>
<tr>
<td>4/11/2013</td>
<td>• Approved by MPC. New guideline.</td>
</tr>
</tbody>
</table>