



Department of Medicaid

John R. Kasich, Governor

Barbara R. Sears, Director

Medicaid Advisory Letter (MAL) No. 607

DATE: March 1, 2017

TO: Eligible Medicaid Providers of Professional, Outpatient and Institutional
Child Birth Delivery Services
Chief Executive Officers, Managed Care Plans
Other Interested Parties

FROM: Barbara R. Sears, Medicaid Director

SUBJECT: **Child Birth Delivery Procedures and ICD-10 Diagnosis Codes Required on
Claims for Mother's Weeks of Gestation of Pregnancy**

Effective March 1, 2017, the Ohio Department of Medicaid (ODM) and Medicaid managed care plans (MCPs) will change the edit for the inclusion of weeks of gestation on childbirth delivery claims from "post and pay" to "deny". This means that in order to receive payment, providers must include the appropriate ICD-10 diagnosis code for the mother's weeks of gestation on claims submitted to ODM and MCPs. As outlined in the table below, there are several ICD-10 diagnosis codes indicating the weeks of gestation of the pregnancy. This billing requirement became effective with the ICD-10 compliance date of 10/1/15.

On professional claims, the CPT procedure codes must be tied to appropriate ICD-10 diagnosis codes as shown below. Diagnosis code validation edits on professional claims are based on detail-level diagnosis pointers and the 5010 X12 837P standard only allows up to four diagnoses to be pointed to per detail. If the weeks of gestation code is missing or not pointed to on one of the four diagnosis pointer fields in the delivery detail of the claim, the delivery detail will deny. Examples of how to use detail-level diagnosis pointers are posted on ODM's ICD-10 webpage under the ICD-10-TIPS section, Weeks of Gestation, at:
<http://medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx>.

On inpatient and outpatient hospital claims, the weeks of gestation codes are not tied to the delivery procedure codes when submitted, but are required on childbirth delivery claims. If the weeks of gestation code is missing from the inpatient claim, the entire claim will deny. If the weeks of gestation code is missing from the outpatient claim, the delivery and all services provided on the same date as the delivery will deny.

The following table displays the ICD-10 diagnosis codes that must be accompanied with a delivery procedure code. To allow providers sufficient time to adjust to this ICD-10 billing requirement, the system logic to enforce this billing guidance was set to "post and pay" starting 10/1/15, and will now be set to "deny" for dates of service (outpatient and professional claims) or dates of discharge (institutional claims) on or after 3/1/17.

ICD-10 Diagnosis Codes	
Z3A.00	Gestation not specified
Z3A.01	Less than 8 weeks Gestation of Pregnancy
Z3A.08	8 weeks gestation of pregnancy
Z3A.09	9 weeks gestation of pregnancy
Z3A.10	10 weeks gestation of pregnancy
Z3A.11	11 weeks gestation of pregnancy
Z3A.12	12 weeks gestation of pregnancy
Z3A.13	13 weeks gestation of pregnancy
Z3A.14	14 weeks gestation of pregnancy
Z3A.15	15 weeks gestation of pregnancy
Z3A.16	16 weeks gestation of pregnancy
Z3A.17	17 weeks gestation of pregnancy
Z3A.18	18 weeks gestation of pregnancy
Z3A.19	19 weeks gestation of pregnancy
Z3A.20	20 weeks gestation of pregnancy
Z3A.21	21 weeks gestation of pregnancy
Z3A.22	22 Weeks gestation of pregnancy
Z3A.23	23 Weeks gestation of pregnancy
Z3A.24	24 Weeks gestation of pregnancy
Z3A.25	25 Weeks gestation of pregnancy
Z3A.26	26 Weeks gestation of pregnancy
Z3A.27	27 Weeks gestation of pregnancy
Z3A.28	28 Weeks gestation of pregnancy
Z3A.29	29 Weeks gestation of pregnancy
Z3A.30	30 Weeks gestation of pregnancy
Z3A.31	31 Weeks gestation of pregnancy
Z3A.32	32 Weeks gestation of pregnancy
Z3A.33	33 Weeks gestation of 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
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

This guidance applies to professional and outpatient claims when the following CPT codes are present on the claim:

CPT Codes	
59400 – 59410	Vaginal Delivery, Antepartum and Postpartum Care
59510 – 59515	Cesarean Delivery
59610 – 59622	Delivery After Previous Cesarean Delivery

This guidance applies to institutional claims when the following ICD-10 procedure codes are present on the claim:

ICD-10 Procedure Codes	
10D00Z0	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Open, No Device, Classical
10D00Z1	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Open, No Device, Low Cervical
10D00Z2	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Open, No Device, Extraperitoneal
10D07Z3	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Via Natural or Artificial Opening, No Device, Low Forceps
10D07Z4	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Via Natural or Artificial Opening, No Device, Mid Forceps
10D07Z5	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Via Natural or Artificial Opening, No Device, High Forceps
10D07Z6	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Via Natural or Artificial Opening, No Device, Vacuum
10D07Z7	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Via Natural or Artificial Opening, No Device, Internal Version
10D07Z8	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Via Natural or Artificial Opening, No Device, Other
10E0XZZ	Obstetrics, Pregnancy, Delivery, Assisting the passage of products of conception from the genital canal, Products of Conception, External, No Device, No Qualifier

Additional Information

Additional billing guidance on child birth delivery and the ICD-10 diagnosis codes required on claims for the mother's weeks of gestation is posted on ODM's ICD-10 webpage under the ICD-10 TIPS section, Weeks of Gestation, at: <http://medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx>.

Please contact the Medicaid managed care plans for their specific claim submission requirements.

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

Questions

Questions pertaining to this letter may be directed to the Ohio Department of Medicaid.

Provider call center:

(800) 686-1516

E-mail address:

noninstitutional_policy@medicaid.ohio.gov

hospital_policy@medicaid.ohio.gov (for hospital questions)

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