



## Healthfirst Reimbursement Policy for Elective Deliveries

As a reminder, the New York State Medicaid program requires that Medicaid Managed Care plans reduce payment for elective C-section deliveries and inductions of labor for pregnancies under 39 weeks gestation, unless there is a medical basis for the early delivery.

### How are the payments reduced?

Payment reductions for claims submitted for deliveries at less than full term, with no medical indication, are as follows:

- Effective October 1, 2013, a 10% reduction was applied
- Effective July 1, 2015, a 25% reduction was applied
- Effective July 1, 2016, a 50% reduction was applied
- Effective September 1, 2017 to the present, a reduction of 75% applies

### Appropriate Billing of Facility Claims

The following condition codes must be reported under facility claims (UB04 claim form) to receive proper payment:

- **Condition Code 81:** C-sections or inductions performed at less than 39 weeks gestation for medical necessity. Full payment will be issued for a claim reporting this condition code.
- **Condition Code 82:** C-sections or inductions performed at less than 39 weeks gestation performed electively. Reduced payment will be issued for a claim reporting this condition code.
- **Condition Code 83:** C-sections or inductions performed at 39 weeks gestation or greater. Full payment will be issued for claims reporting this condition code.

### Appropriate Billing of Professional Claims

For professional claims reported under a CMS 1500 claim form, modifiers U7, U8, and U9 must be present on the claim form as follows:

# Provider Alert

## Applicable CPT Codes:

CPT CODE	DESCRIPTION
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 (with or without episiotomy and/or forceps); including postpartum care
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only
59515	Cesarean delivery; including postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	Vaginal delivery, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
59622	Cesarean delivery, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

## Required Modifiers:

- **U7:** Delivery at less than 39 weeks for medically necessary reasons. Full payment will be issued for claims reporting this modifier.
- **U8:** Delivery at less than 39 weeks performed electively. Reduced payment will be issued for claims reporting this modifier.
- **U9:** Delivery at 39 weeks gestation or greater. Full payment will be issued.

**Failure to report the appropriate condition codes or modifiers will result in a claim denial.**