



Network Notification

Notice Date: January 24, 2018
To: Ohio Medicaid Health Partners
From: CareSource®
Subject: Reminder to Include Gestational Age on Delivery Claims
Effective Date: March 1, 2017

As a reminder, effective Mar. 1, 2017, the Ohio Department of Medicaid (ODM) and CareSource began requiring that health partners include the gestational age on childbirth delivery claims. To receive payment, health partners must include the appropriate ICD-10 diagnosis code for the mother's weeks of gestation on claims submitted to CareSource.

For more detailed information about the claim guidelines and appropriate ICD-10 codes, please refer to the guidance from ODM – "Child Birth Delivery Procedures and ICD-10 Diagnosis Codes Required on Claims for Mother's Weeks of Gestation of Pregnancy." The ODM guidance is attached to this notification for easy reference.

If you have any questions, you may contact Health Partner Services at **1-800-488-0134**.



ICD-10 is a new code set for reporting medical diagnoses & inpatient procedures.

Ohio Department of Medicaid

ICD-10 TIPS

ICD-10 Transition Information for Providers & Staff

> Date

June 26, 2015 (**Revised March 31, 2016 and March 1, 2017**)

> Document ID

9_2015ODMICD

> Subject

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

> Providers Types Impacted

Professional, Outpatient and Institutional Providers that Bill for Child Birth Delivery

> Description

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 the detail-level diagnosis pointers are shown in the appendix to this document.

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:

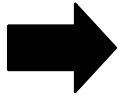
ICD-10 Procedure Codes	
10D00Z0	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Open, No Device, Classical
10D00Z1	Obstetrics, Pregnancy, Pulling or stripping out or off all or a portion of a body part, Product of conception, Open, No Device, 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

> **Managed Care Considerations**

This *ICD-10 TIPS* applies to both fee-for-service and managed care billing.

APPENDIX Professional Claim Pointer Examples

Example 1 - CMS 1500 Software



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.	
A. Z3A38		B. N736		C.		D.		E.		F.		G.		H.	
E.		F.		G.		H.		I.		J.		K.		L.	
										23. PRIOR AUTHORIZATION NUMBER					
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE		C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPST Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
From To			SERVICE			CPT/HCPCS MODIFIER									
MM	DD	YY	MM	DD	YY										
01	02	2017				21	59409			AB				NPI	1234567890
2														NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	

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180°

PHYSICIAN OR SUPPLIER INFORMATION

Example 2 - Ohio Department of Medicaid Web Portal

Diagnosis

Sequence	Diagnosis Code	Description
A 02	N736	FEMALE PELVIC PERITONEAL ADHESIONS (POST
A 01	Z3A38	38 WEEKS GESTATION OF PREGNANCY

Select row above to update -or- click add an item button below.

delete add an item

*Sequence 02 ▾ *Diagnosis Code N736 [Search]

Header - Other Payer

*** No rows found ***

Select row above to update -or- click add an item button below.

delete add an item

Header - Other Payer Amounts and Adjustment Reason Codes

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4
A	1	01/02/2017	0.00	\$0.00							

Select row above to update -or- click add an item button below.

delete add an item copy

Item 1

*From DOS 01/02/2017

To DOS 01/02/2017

*Units 1.00

*Charges \$900.00

Medicaid Allowed Amount \$0.00

Rendering Provider

*Place Of Service 21 [Search]

*Procedure Code 59409 [Search]

Emergency ▾

Referred EPSDT Service/
Family Planning

*Diagnosis Code Pointer 01 ▾ 02 ▾ ▾ ▾

Modifiers [Search] [Search]

Example 3 - X12 837P Transaction

(For trading partners and providers who submit EDI claims)

SEGMENT DETAIL

HI - HEALTH CARE DIAGNOSIS CODE

X12 Segment Name: Health Care Information Codes

X12 Purpose: To supply information related to the delivery of health care

Loop: 2300 — CLAIM INFORMATION

Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. Do not transmit the decimal point for ICD codes. The decimal point is implied.

TR3 Example: HI*BK:8901*BF:87200*BF:5559~

DIAGRAM

HI *	HI01 C022 Health Care Code Info. M 1	*	HI02 C022 Health Care Code Info. O 1	*	HI03 C022 Health Care Code Info. O 1	*	HI04 C022 Health Care Code Info. O 1	*	HI05 C022 Health Care Code Info. O 1	*	HI06 C022 Health Care Code Info. O 1
	HI07 C022 Health Care Code Info. O 1	*	HI08 C022 Health Care Code Info. O 1	*	HI09 C022 Health Care Code Info. O 1	*	HI10 C022 Health Care Code Info. O 1	*	HI11 C022 Health Care Code Info. O 1	*	HI12 C022 Health Care Code Info. O 1 ~

SEGMENT DETAIL

SV1 - PROFESSIONAL SERVICE

X12 Segment Name: Professional Service

X12 Purpose: To specify the service line item detail for a health care professional

X12 Syntax: 1. P0304
If either SV103 or SV104 is present, then the other is required.

Loop: 2400 — SERVICE LINE NUMBER

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: SV1*HC:99211:25*12.25*UN*1*11**1:2:3**Y~

DIAGRAM

SV1 *	SV101 C003 Comp. Med. Proc. ID M 1	*	SV102 782 Monetary Amount O 1 R 1/18	*	SV103 355 Unit/Basis Meas Code X 1 ID 2/2	*	SV104 380 Quantity X 1 R 1/15	*	SV105 1331 Facility Code O 1 AN 1/2	*	SV106 1365 Service Type Code O 1 ID 1/2
	SV107 C004 Comp. Diag. Code Point. O 1	*	SV108 782 Monetary Amount O 1 R 1/18	*	SV109 1073 Yes/No Cond Resp Code O 1 ID 1/1	*	SV110 1340 Multiple Proc-Code O 1 ID 1/2	*	SV111 1073 Yes/No Cond Resp Code O 1 ID 1/1	*	SV112 1073 Yes/No Cond Resp Code O 1 ID 1/1
	SV113 1364 Review Code O 1 ID 1/2	*	SV114 1341 Natl/Local Rev-Value O 1 AN 1/2	*	SV115 1327 Copay Status Code O 1 ID 1/1	*	SV116 1334 Healthcare Short-Code O 1 ID 1/1	*	SV117 127 Reference Ident O 1 AN 1/50	*	SV118 116 Postal Code O 1 ID 3/15