

June 25, 2014

# Montana Health Care Programs Notice

## Mid-Level Practitioners and Physicians

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### Elective Deliveries

Effective October 1, 2014, Montana Medicaid will reduce reimbursement rates for non-medically necessary inductions prior to 39 weeks, and non-medically necessary Cesarean sections at any gestational ages. All delivery claims with a delivery date on or after October 1, 2014, will require coding changes.

Gestational age must be confirmed by at least one of the following guidelines.

- If pregnancy care was initiated prior to 20 weeks gestation confirmation of weeks gestation must be determined by at least one of the following ACOG guidelines:
  - Fetal heart tones have been documented for 20 weeks by non-electronic fetoscope or 30 weeks by Doppler.
  - 36 weeks since a positive serum or urine pregnancy test that was performed by a reliable laboratory.
  - An ultrasound prior to 20 weeks that confirms the gestational age of at least 39 weeks.
- If pregnancy care was not initiated prior to 20 weeks gestation, the gestational age may be documented from the first day of the last menstrual period (LMP).

Provider claims will require the use of modifiers for all induction and Cesarean section deliveries. These claims will be reviewed for medical necessity based on an approved list of diagnosis codes. The modifier must be placed on the delivery procedure code. The modifiers are:

- CG – Cesarean section/induction prior to 39 weeks gestation
- GK – Spontaneous vaginal delivery prior to 39 weeks gestation (non-induced)
- KX – Vaginal delivery at or after 39 weeks gestation (induced or non-induced)
- SC – Cesarean delivery at or after 39 weeks gestation

Beginning July 1, 2014, delivery claims can be submitted with these coding changes and any births that would receive reduced reimbursement beginning October 1, 2014, will have a reason and remark code on the remittance advice but will not have any reimbursement reductions. This is being implemented early to assist providers with making the changes prior to the implementation of any reimbursement reductions. All delivery claims with a date of service on or after October 1, 2014, will require the above coding changes.

### Contact Information

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com).

Visit the Montana Medicaid Provider Information website at <http://medicaidprovider.hhs.mt.gov>.