

Further Payment Reductions on Deliveries Prior to 39 Weeks Gestation

MVP follows all New York State Regulations regarding elective deliveries prior to 39 weeks gestation for all lines of business. In 2015 the state implemented a policy reducing the payments by 25% for all elective deliveries prior to 39 weeks gestation that were not medically necessary. In 2016 this reduction was increased to 50% for all dates of service after July 1, 2016. **Effective September 1, 2017**, the state has increased the reduction for elective deliveries not medically necessary prior to 39 weeks gestation to 75%. MVP requires that all obstetric deliveries are billed with the appropriate modifier or condition code to identify the gestational age of the fetus as of the date of delivery.

Physician Claims - with the following CPT codes, a modifier to indicate gestation is required: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, and 59622.

- A **75%** reduction will apply when modifier U8 is billed and an acceptable diagnosis is not documented.
- Full payment will be made when billing for spontaneous obstetrical deliveries occurring between 37-39 weeks gestation. Practitioners should report ICD-10 diagnosis code O80 as the primary diagnosis code with the U8 modifier AND the UB modifier.
- Full payment will be made when modifier U9 is submitted or when modifier U8 is billed with an acceptable diagnosis.

Hospital Claims - hospital inpatient stays associated with delivery will require a condition code for payment based on the following guidelines:

- A **75 %** reduction will apply when condition code 82 is billed and an acceptable diagnosis code is not documented.
- A **75 %** reduction will apply when condition code 81 is reported with a primary diagnosis that does not support medical necessity. For condition code 81 ONLY, diagnosis code O80 (Normal Delivery) will be considered an acceptable primary diagnosis code, and the claim will pay in full.
- Full payment will be made if the condition code 83 is present or when condition code 81 or 82 is billed with an acceptable diagnosis.

For more information regarding MVPs Payment Policy of Elective Delivery, visit mvphealthcare.com and *Sign In* to your online account, then select *Resources*, and then *Provider Resource Manual (Section 15)*. The updated policy with the 75% reduction will be posted on 9/1/17; however the details of the policy remain the same.

**If you have any questions with respect to this notice,
please contact your Professional Relations Representative.**

