Early Elective Delivery MO HealthNet No Payment Rule Webinar

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OVERVIEW

- EED is defined as any delivery prior to 39 weeks gestation that is not medically indicated.
- Morbidity and mortality rates are greater among neonates and infants delivered during the early term period compared to those delivered between 39 and 40 weeks gestation.
- Decreasing these early deliveries has been shown to improve neonatal outcomes.
- However, we must balance the risks of letting a pregnancy go to full term against those associated with early term delivery if there is no medical indication for an earlier delivery.

METHODOLOGY

- MO HealthNet has established a rule regarding early elective delivery.
- We have worked with several groups of providers to establish a fair rule with appropriate indications for early delivery. These indications are evidence based and flexible.
- Ranges of diagnostic codes have been prepared to allow for a smooth billing procedure for providers.
- Simple codes have been created for providers to use to be able to have their claims go through our system.
- Medicaid covers 49% of the deliveries in Missouri so it will have some impact.

RESULTS

- Hard Stops are being used by providers in MO as well as other states to lessen the number of EEDs on a voluntary basis.
- MO HealthNet is in the process of establishing contacts with MO ACOG, MO pediatricians, and MO Medical Association to inform the providers in this state about the benefits of this process.
- The purpose of all this is to lessen the risks to infant and mother due to EED.

NEW CODES FOR DELIVERY TYPES

- LV – Labor non-induced followed by vaginal delivery
- LC – Labor non-induced followed by caesarean delivery
- IV – induced labor followed by vaginal delivery
- IC – induced labor followed by caesarean delivery
- CN – caesarean delivery without labor, non-scheduled (i.e. add-ons)
- CS – caesarean delivery, scheduled

CORRECT FIELD OF CLAIM FOR NEW CODES

- Field 19 of the CMS 1500 paper claim, Loop 2300, or 2400, NTE, 02 of the 837P or equivalent field on the eMOMED Medical claim MUST contain a new "gestational age/delivery" indicator. This field will be required for all claims that report a delivery or global prenatal/delivery procedure code.

NEW CODE EXAMPLES

- These six codes must also be followed by a two numbers indicating the gestational age of the baby.
- LV38 which indicates a non-induced vaginal delivery at thirty-eight weeks gestational age.
- IC38 which indicates an induced labor followed by a caesarean section at thirty-eight weeks gestational age
- IV39 which indicates an induced labor followed by a vaginal delivery at thirty-nine weeks gestational age.

CORRECT CODE USAGE

- If the gestational age/delivery indicator contains an LV or LC value or contains a gestational age of 39 or greater, the claim will be exempt from this editing and will continue processing through the system.

EDITING CRITERIA

- If the gestational age/delivery indicator contains IV, IC, CN, or CS, and the gestational age is less than 39, the claim will be subject to editing for early elective delivery. If one of the diagnoses on the claim indicates that there is a medical indication for an early delivery, the claim will be exempt from this editing and continue to process.

CLAIMS REVIEW

- MHD will identify claims that have been denied for early elective delivery for the mother. A manual retrospective review will be done of any professional charges submitted for reimbursement by the delivering physicians/provider for delivery related car following an early elective delivery. These claims will be subject to review and may result in denial or recoupment of MHD payment. Non-payment or recoupment includes obstetric and institutional or facility charges. This review will be done until the system infrastructure is in place this spring.

CLAIMS REVIEW

- Through a report of claims that have been denied for early elective delivery, MHD will identify claims for newborns. MHD will allow the inpatient claim for the established length of stay for a healthy newborn. Any inpatient days resulting from non-routine newborn services provided for newborns during the initial delivery-related stay at the delivering institution for conditions resulting from an early elective delivery and that are identified within seventy-two (72) hours of delivery that exceed the established length of stay will be subject to review and possible denial or recoupment. Non-payment or recoupment includes facility or institutional charges..

CLAIMS REVIEW

- If a newborn is transferred to another hospital for a higher level of care, the receiving hospital will **NOT** be subject to the early elective delivery policy. Other considerations include rural processes for advanced cervical dilatation with a long distance to a delivering institution in certain circumstances and medical judgment; if these deliveries are occurring prior to 39 weeks they will be reviewed and undergo a peer-peer review to evaluate for application of the early elective delivery policy.

REVIEW OF DENIED CLAIMS

- If a medical or inpatient claim is denied for early elective delivery, the provider may submit documentation from the medical record to show that the delivery was medically necessary. The request for review must be received within 60 days of the date of the Remittance Advice on which the claim denied. The provider will have 45 days within which to submit the required materials for review and MOHealthNet will complete the review within 45 days and communicate its outcome to the facility and delivering physicians/provider. The information will be reviewed by clinical staff and, if appropriate, can be reconsidered for payment.

CPT CODES

HIV Disease	042
Pregestational Diabetes with Vascular Disease	250.70 – 250.73
Placenta Previa, Placenta Accreta	641.01 – 641.91
Abruptio Placentae	641.20 – 641.23
Preeclampsia, Eclampsia, Gestational Hypertension, Complicated Chronic Hypertension	642.01 – 642.92

CPT CODES

Pregnancy Related Liver Disease and Renal Disease	646.21 – 646.71
Congenital/Other Maternal Cardiac Disease	648.50 – 648.64
Pregestational/Gestational Diabetes, Poorly Controlled	648.01 – 648.82
Coagulation Defects, Maternal	649.31 – 649.32

CPT CODES

- Antepartum Cervical Shortening/Dilatation 649.70 – 649.73, 654.51, 654.52
- These diagnosis codes represent conditions such as incompetent cervix, history of precipitous labors, extreme cervical dilatation and not in labor with potential travel problems at term prior to 39 weeks.

CPT CODES

- To use the antepartum cervical shortening codes, the admitting history and physical as well as the antepartum notes need to document this problem. A retrospective review of these codes for this problem will be done. If there is a question about induction prior to 39 weeks for this code, a peer to peer phone call from the provider to the MO HealthNet physician consultant is available.

CPT CODES

Planned Caesarean Section in Labor	649.81, 649.82
Multiple Gestations	651.01 – 651.91
Multiple Gestations with Malpresentations	652.61
Prior C/S (no code for classical or myomectomy)	654.20 – 654.21

- Note that since there is no code for previous classical C/S or previous myomectomy, it is important to note this information in the record, if the repeat procedure is planned for prior to 39 weeks. Also, if the repeat C/S is done at 39 week or later, it would go through the system without edit.

CPT CODES

- Fetal Congenital Malformations 655.01 – 655.81
- Alloimmunization of Pregnancy with Fetal Effects 656.01 – 656.51
- Fetal Growth Restriction 656.50 – 656.53
- Fetal Demise 656.40, 656.41 V27.1 – V27.7
- Polyhydramnios 657.01
- Oligohydramnios 658.01 – 658.03
- Premature Rupture of Membranes 658.10 – 658.13
- Chorioamnionitis 658.41

CPT CODES

- Vasa Previa 663.51
- Abnormal Antepartum Fetal testing. e. g. Abnormal fetal heart rate pattern before the onset of labor. Abnormal BPP, Abnormal Umbilical cord flows, etc. 763.81, 659.70, 659.71, 659.73
- Poor Obstetrical History/History of Fetal Demise V23.49 – V23.50

CPT CODES

- Please note that documentation by history and physical, specific fetal testing by sonograms, BPPs, etc. will be beneficial to document objectively that the child needs to be delivered prior to 39 weeks. Again, a peer to peer discussion will also be available.

CPT CODES

- If it is noted that a diagnosis code keeps getting denied, it will be evaluated and possibly added to this list. Also, once these codes are in use, they will occasionally be reviewed for correct usage.

PROCEDURE CODES

- 59400 Vaginal delivery with or without an episiotomy
- 5949-10 Vaginal delivery with or without an episiotomy
- 59510 Delivery via caesarean section
- 59514-15 Delivery via caesarean section
- 59525 Caesarean hysterectomy
- 59610 Vaginal delivery after caesarean section (VBAC)
- 59612-614 Vaginal delivery after caesarean section (VBAC)
- 59618 Failed vaginal delivery followed by caesarean section
- 59620-22 Failed vaginal delivery followed by caesarean section

CONTACT

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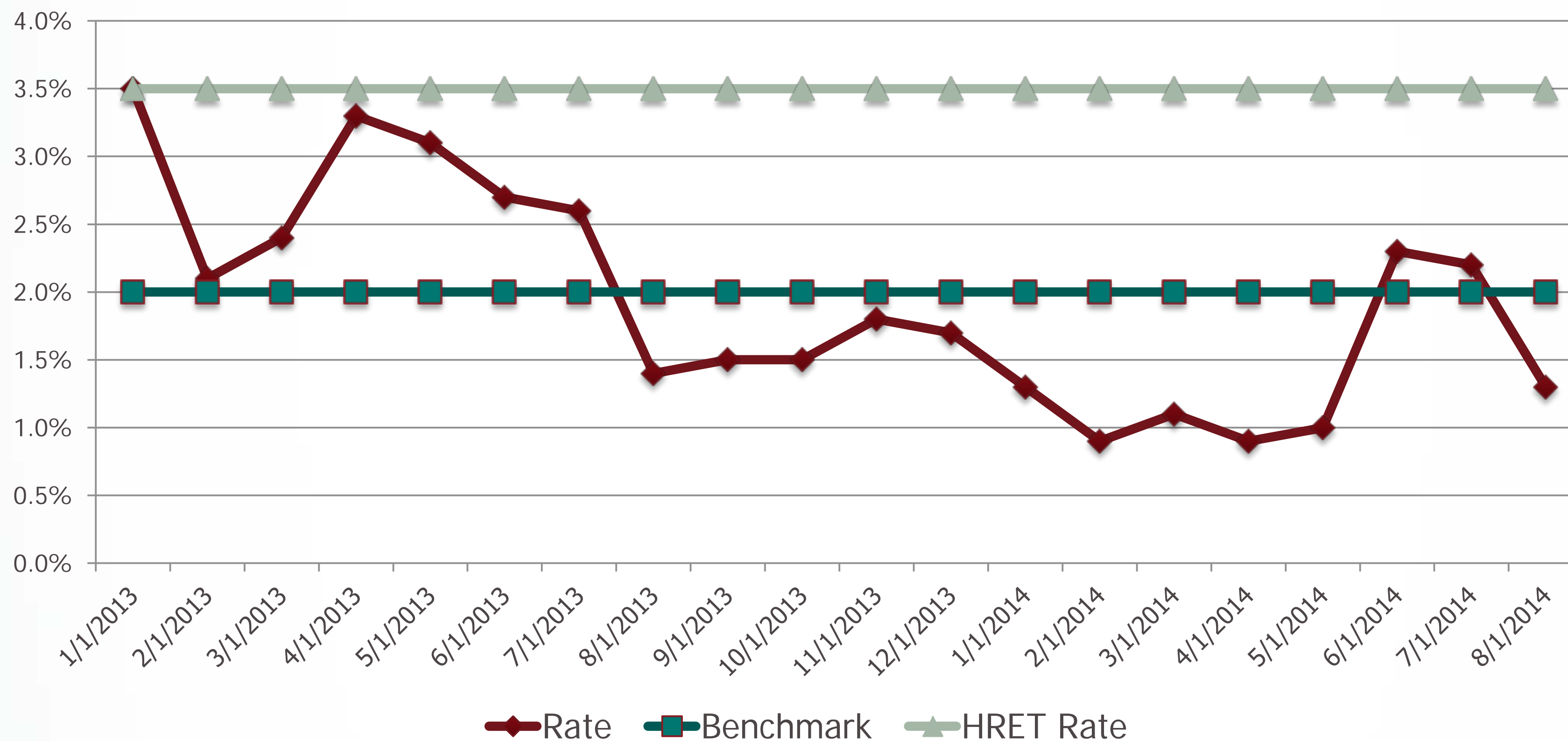
MHA State EED Reduction Initiative Aggregate Rate



Rates of EED in Missouri HEN hospitals declined from a baseline rate of 5.4 percent in 2011 to 1.3 percent by September 2014

Preventing Drift

- Quality improvement is a continuous process — not merely a one-time effort, but an ongoing pursuit or risk returning to status quo.
- In QI, you must take steps to maintain the new process and find further needed improvements.
- To prevent failure, a new process must decrease frustration, work or increase profits.
- Individuals generally will move themselves toward best practices if presented with meaningful, comparative data

Hard Stop Policy Adoption Survey

- 96% have a Hard Stop Policy (N=54)
- 94% have a written policy
- 93% monitor adherence to the policy and make compliance a part of privileging
- 100% do not allow scheduling of elective deliveries or C-sections prior to 39 weeks

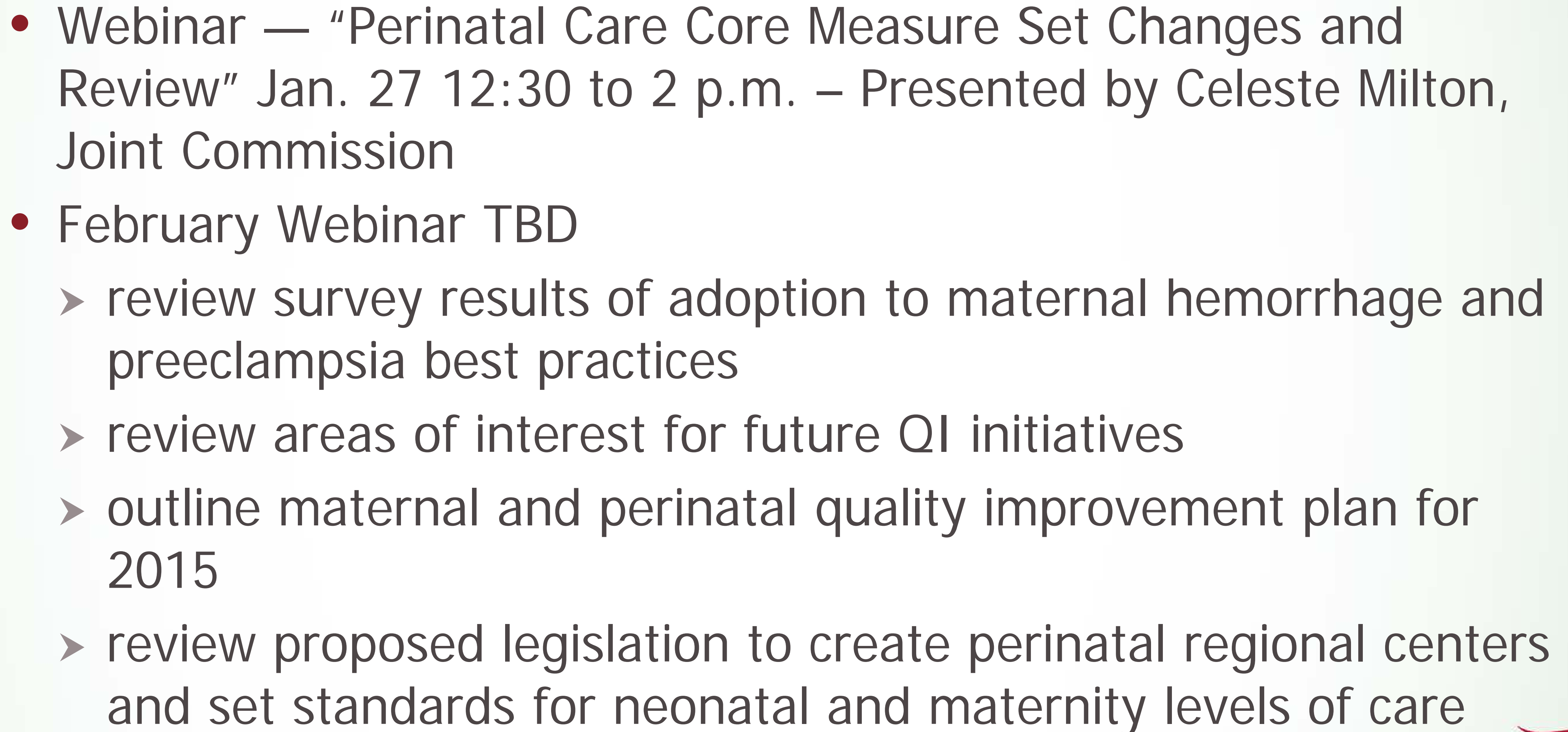
Successful Hospitals Have

- Hard Stop Policy approved by Medical Staff
- Policy that clearly defines medical indications for deliveries less than 39 weeks
- Schedulers who re-trained not to accept a date less than 39 weeks without documentation of medical necessity
- Medical director who enforces the policy
- Individual physician performance data collected and reported

PC-01 EED Measure Added to VBP Program

- CMS FY 2015 IPPS Final Rule Published August
- Adopted PC-01 for inclusion in the FY 2017 VBP program
  - performance Period Jan. 1 to Dec. 31, 2015
  - baseline Period Jan. 1 to Dec. 31, 2013
  - achievement Threshold – 3.1% (0.03125)
  - benchmark – 0%
- Also adopted for voluntary reporting under eCQM

What's Next



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