New claim submission process: early elective delivery versus uncomplicated spontaneous labor/vaginal delivery — 37 To 38 weeks' gestation

Early elective delivery (EED) is defined as a delivery by induction of labor without medical necessity followed by vaginal or caesarean section delivery or a delivery by caesarean section before 39 weeks' gestation without medical necessity. **Vaginal or caesarean delivery following non-induced labor is not considered EED, regardless of gestational weeks.**

To improve the Summit Community Care provider experience and birth outcomes for our members, Summit Community Care is implementing a new claim submission process, which will capture *non-medically* necessary EEDs and, at the same time, distinguish uncomplicated spontaneous labor/vaginal deliveries at 37 to 38 weeks' gestation. This new process will allow claims for the deliveries precipitated by spontaneous labor and resulting in a delivery less than 39 weeks to be more efficiently and clearly identified. In addition, this will ensure we remain compliant with the CMS initiative[1] to reduce EED, recognizing that EED contributes to iatrogenic prematurity and avoidable neonatal intensive care unit admissions.

Effective June 1, 2022, an additional field will be required on the *CMS-1500* paper claim form or its electronic equivalents. Delivering physicians will be required to complete **Field 19** when completing claims submitted for all deliveries. Existing field information required when completing claims will remain the same. Claims submitted by the delivering physician will be subject to claims editing to determine if the service was an EED.

Field 19 on the *CMS-1500* claim form or its electronic equivalents must contain a new *gestational age/delivery* indicator and one of four digit alphanumeric values. If the value entered in **Field 19** contains a character that is not indicated below or is not in the format indicated, the value will be considered invalid, and the claim will be rejected with status code 626 — *Pregnancy Indicator* and reject rule ID 2 – *Delivery claim incomplete without report of valid gestational indicator*:

- The 1st and 2nd digits represent the gestational age, based on the best obstetrical estimate. They must be numeric characters and values from 20 through 42.
- The 3rd and 4th digits represent the method of delivery. They must be one of the following alpha characters:
    - 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, nonscheduled (e.g., add-ons)
    - CS – caesarean delivery, scheduled

    Example: 37LV; 38LC

If the gestational age/delivery indicator contains an LV or LC value or contains a gestational age of **39 or greater**, the claim will **not** be subject to editing for EED.

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[1] **CMS.gov, Strong Start Initiative Improving Maternal and Infant Health**

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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 EED:

- 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 that have the IV, IC, CN, or CS indicator with a gestational age less than 39 weeks and do not have a qualifying diagnosis for early induction of labor and delivery will be rejected with status code 626 – *Pregnancy Indicator* and reject rule ID 3 – *Service is not a covered benefit.* You may resubmit the claim with the appropriate supporting diagnosis code or appeal with medical records.

Thank you for being a valued partner. We appreciate your commitment to the health of our members.

Should you have questions about this communication, please contact your Provider Relations representative or call Provider Services at **844-462-0022**.

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