



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Early Elective Deliveries

Prior to 39 Weeks Gestation



Presentation to: MCAC

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Mission

The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Overview

- Purpose of EED Policy
- Effective Date of Policy Change
- Policy Components
- Tracking of Policy Compliance

Purpose of EED Policy

- Guide providers and hospitals to sound practice recommendations made by ACOG and others
- Reduce morbidity in neonates from birth trauma and fetal immaturity
- Reduce non-medically necessary deliveries less than 39 weeks gestation
- Encourage greater collaborations between hospitals and their physicians in developing quality improvement initiatives aimed at improving birth outcomes

Effective Date of EED Policy

- DCH will implement the EED policy for Medicaid claims submitted with dates of service on or after October 1, 2013 from enrolled hospitals and practitioners for elective inductions or deliveries.



EED Policy Components

- All Medicaid practitioners' claims for elective inductions or C-sections must include the last menstrual period (LMP) in field 14 of the 1500 claim

EED Policy Components

The GAMMIS is being configured with edits for billable obstetric procedure codes:

59400	59409	59410
59414	59510	59514
59515	59612	59618
59620	59622	

These codes will require modifiers to be appended to them for payment.

EED Policy Components

The modifiers will define:

1. Medically necessary deliveries prior to 39 weeks of gestation (modifier UB)
2. Deliveries at 39 weeks of gestation or later (modifier UC)
3. Non-medically necessary deliveries prior to 39 weeks of gestation (modifier UD)



EED Policy Components

- GAMMIS is being configured to link practitioners' induction and delivery claims to the hospital's induction and delivery claims
- Induction and delivery claims that are submitted with medical conditions that do not warrant an exception for an induction or delivery prior to 39 weeks gestation will deny payment



EED Policy Components

- For non-medically necessary deliveries:
 - The practitioner's claim will fully deny
 - The hospital's claim will deny for the induction and/or delivery portion
- Practitioners and hospitals may submit an appeal for the denial (DMA 520-A form) to the DCH Medicaid peer review organization, Georgia Medical Care Foundation

Tracking of Policy Compliance

- Compliance will be monitored by DCH and the Centers for Medicare and Medicaid Services through Georgia's reporting of the Early Elective Deliveries measure 14 found in the Initial Core Set of Health Quality Measures for Medicaid Eligible Adults
- These specifications contain the same exclusions as the JCAHO list of exclusions
- CY 12 data will serve as the baseline for this CMS measure

Questions

