

### Coding Tips for Pregnancy Related Services

International Classification of Diseases (ICD)-10 Diagnosis and Current Procedural Terminology (CPT) Coding has an impact on more than just claims payment.

Molina Healthcare relies on claims data to support our member incentive programs like Pregnancy Rewards, case management, risk adjustment and quality reporting to the Ohio Department of Medicaid (ODM) and other industry regulators.

Proper claims coding impacts the provider's shared savings opportunities under value based reimbursement programs like Ohio Medicaid's Comprehensive Primary Care (CPC) and Episodes of Care.

#### Questions?

Provider Services – (855) 322-4079  
8 a.m. to 5 p.m., Monday to Friday  
(MyCare Ohio available until 6 p.m.)

Email us at [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)

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### ICD 10 Clinical Modification (CM) Diagnosis Coding

#### Gestational Age:

Providers should use codes from category Z3A, weeks of gestation, to identify the specific week of the pregnancy if known.

- Z3A codes align to the week of gestation (ex. Z3A.12 is 12 weeks of gestation of pregnancy)
- If gestation is unknown, Z3A.00 should be reported (weeks of gestation not specified)

#### Prenatal Care for Normal Pregnancy\*:

ICD-10 Codes from category Z34 are used for Encounters for Supervision of Normal Pregnancy.

#### Z34.0 Encounter for Supervision of Normal First Pregnancy

- Z34.00 – unspecified trimester
- Z34.01 – first trimester
- Z34.02 – second trimester
- Z34.03 – third trimester

#### Z34.8 Encounter for Supervision of Other Normal Pregnancy

- Z34.80 – unspecified trimester
- Z34.81 – first trimester
- Z34.82 – second trimester
- Z34.83 – third trimester

#### Z34.9 Encounter for Supervision of Normal Pregnancy, Unspecified

- Z34.90 – unspecified trimester
- Z34.91 – first trimester
- Z34.92 – second trimester
- Z34.93 – third trimester

\*Do not use these codes if the mother has a condition that is related to, complicating or complicated by pregnancy. Chapter O00-O9A codes should be utilized in those situations.

**Chapter O00-O9A\*:**

Codes from this chapter are used for conditions related to or aggravated by pregnancy, childbirth or the puerperium (maternal causes or obstetric causes).

Common coding errors include omitting these codes on maternal claims and using these codes on non-pregnancy women. These codes are for use on maternal records only, never on newborn records.

Codes:

- O00-O08 Pregnancy with abortive outcome
- O09-O09 Supervision of high risk pregnancy
- O10-O16 Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
- O20-O29 Other maternal disorders predominantly related to pregnancy
- O30-O48 Maternal care related to the fetus and amniotic cavity and possible delivery problems
- O60-O77 Complications of labor and delivery
- O80-O82 Encounter for delivery
- O85-O92 Complications predominantly related to the puerperium
- O94-O9A Other obstetric conditions, not elsewhere classified

\*Do not code from this section if coding for Supervision of Normal Pregnancy can be utilized.

**CPT Coding****Pregnancy Test:**

CPT Code 81025 for human chorionic gonadotropin (hCG) urine testing performed in the office should be reported on a claim any time the test is performed.

The diagnosis should indicate if the test was positive or negative.

- Z32.01 – Encounter for pregnancy test, result positive
- Z32.02 – Encounter for pregnancy test, result negative

**Last Menstrual Period (LMP):**

In accordance with [OAC 5160-26-06 Managed Health Care Programs: Program Integrity – Fraud and Abuse, Audits, Reporting and Record Retention](#), Molina requires the LMP date on pregnancy-related services billed on a CMS-1500. See the [Molina Provider Manual](#) for details.

CMS-1500 LMP should be reported:

- Item 10a-c “Is Patient’s Condition Related to” – Check “Yes” or “No” to indicate whether employment, auto accident, or other accident involvement applies to one or more of the services described in Item 24
- Item 14 “Date of Current Illness, Injury or Pregnancy (LMP)” - Enter the six-digit (MMDDYY) or eight-digit (MMDDCCYY) date of the LMP

For EDI Claims, please reference the [ODM Companion Guide \(837P/837I\)](#) for the appropriate loop and segments.

Delivery CPT Codes:

- LMP must be reported on delivery claims and cannot be outside 119 to 315 days prior to delivery

Perinatal CPT Codes:

- LMP must be reported on perinatal claims and cannot be outside the 1 to 315 days prior to the “to date” of the perinatal date of service (DOS)

#### Laboratory Test, Ultrasound and Prenatal Service Claims:

- LMP must be reported on certain lab, ultrasound and prenatal service claims

#### Prenatal Visits:

- Use appropriate Evaluation and Management (E&M) level code for prenatal visits
- Use modifier TH (Obstetrical treatment/services, prenatal or postpartum) to indicate that the E&M service was performed for antepartum care
- See [Appendix DD](#) to [OAC 5160-1-60 Medicaid Payment](#) for reimbursement information

#### Obstetrical Ultrasound:

The CPT Code book has separate codes for reporting Obstetrical Ultrasound verses Gynecologic/Non-Obstetrical Ultrasound.

OB Ultrasound Codes– do NOT use these codes for non-pregnant women

- 76801 – Transabdominal ultrasound, first trimester
- 76805 – Transabdominal ultrasound, greater than first trimester (fetal and maternal evaluation)
- 76811 – Transabdominal ultrasound, fetal and maternal evaluation plus detailed fetal anatomic exam
- 76813 – First trimester fetal nuchal translucency screen, any approach
- 76816 – Transvaginal ultrasound, pregnant uterus

Obstetrical Ultrasound codes should only be used to report services rendered for a pregnant woman. A pregnancy related diagnosis code should be present on the claim when billing an obstetrical ultrasound. Not all obstetrical ultrasound codes are listed. Refer to the CPT book for codes and definitions.

Gynecologic/NON-Obstetrical Ultrasound Codes – do NOT use these codes for pregnant women

- 76830 – Transvaginal ultrasound
- 76831 – Hysterosonography with/without color flow doppler
- 76856 – Pelvic ultrasound, real time with image documentation; complete
- 76857 – Limited or follow-up (e.g. for follicles)

#### Delivery Services:

- \*59400 – Vaginal delivery, prenatal & postpartum care – non-covered code
- 59409 – Vaginal delivery only
- 59410 – Vaginal delivery & postpartum care
- \*59510 – Cesarean delivery, prenatal & postpartum care – non-covered code
- 59514 – Cesarean delivery only
- 59515 – Cesarean delivery & postpartum
- \*59610 – Vbac, antepartum & postpartum care – non-covered code
- 59612 – Vbac only
- 59614 – Vbac & postpartum care
- \*59618 – Attempted Vbac, antepartum & postpartum care – non-covered code
- 59620 – Attempted Vbac only
- 59622 – Attempted Vbac & postpartum

\*Non-Covered Codes - these are only considered for payment if Molina is secondary payer. A secondary claim must be submitted with an itemized statement of prenatal, delivery and postpartum services. See the [Molina Provider Manual](#) for more information.

Gestational age and LMP must be reported on all delivery claims.

If you bill for delivery and postpartum services using bundled codes, and no postpartum visit is performed, a corrected claim must be submitted to report delivery only services.

### **Postpartum Care:**

Routine postpartum visits should be reported using either CPT Code 59430 for routine postpartum care or CPTII Code 0503F.

Postpartum care should be performed within 21-56 days of the delivery date

- 0503F – if the delivery was billed as global/bundled delivery service
- 59430 – if the delivery was billed as a delivery only service

Use ICD-10-CM diagnosis code Z39.2 with both codes to indicate that the service is for a routine postpartum visit.

Postpartum care outside 21-56 days will not count as a compliant service for CPC, Episodes of Care, or the Healthcare Effectiveness Data and Information Set (HEDIS).

### **Coordination of Benefits**

Submit claims to Molina even if we are secondary and the primary payer paid the claim in full.

By sending us secondary claims you are giving us valuable information to help us identify our pregnant members and their needs.

Refer to the [Molina Provider Manual](#) on how to submit secondary claims for global delivery codes that include antepartum care.