

September 2017

39-week initiative

Summary: Effective **March 1, 2015**, the Louisiana Department of Health and Hospitals (DHH) will no longer pay for nonmedically necessary elective deliveries prior to 39 weeks of gestation.

What this means to me

All professional delivery claims will be required to report maternity modifiers to indicate the delivery is more than 39 weeks, less than 39 weeks and medically indicated, or less than 39 weeks and not medically necessary.

Why is this change necessary?

Babies born before 39 weeks gestation for reasons not medically indicated have a high risk of spending their first days in the neonatal intensive care unit (NICU). This unnecessary NICU admission is costly and detrimental to the baby.

What is the impact of this change?

All professional delivery claims will be required to report a maternity modifier. If no maternity modifier is reported, the claim will deny for incomplete information.

Modifier	Description	Claims process rules
GB	Delivery is more than 39 weeks.	Claim will be adjudicated.
AT	Delivery is less than 39 weeks and medically indicated/spontaneous.	Claim will be adjudicated.
GZ	Delivery is less than 39 weeks and not medically indicated.	Claim will be adjudicated (deny).
None	Claim will deny for incomplete information.	Claim will deny.

When GB is reported

- If upon the Louisiana Electronic Event Registration System (LEERS) review the delivery is more than 39 weeks, no further action will be needed.
- If upon LEERS review the delivery is less than 39 weeks, we will request medical records.

When AT is reported

- If upon LEERS review the delivery was medically indicated, no further action needed.
- If upon LEERS review the delivery was not medically indicated, we will request medical records.

When GZ is reported

- We will deny claims reporting a GZ modifier.
- There is no appeals process for a correctly used GZ modifier.
- The provider may not bill the Medicaid member.
- No LEERS reconciliation is needed.

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

<https://providers.healthybluelouisiana.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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Professional delivery claims processing

- For expedited claims processing, we will process only professional delivery claims without prevalidating against the LEERS data.
- We will validate 100% of claims against the LEERS data post pay, and claims may be subject to medical justification and possible recoupment.
- All associated delivery, facility and assistant surgeon claims will be grouped together as one episode of delivery.
- Decisions made based on the information provided within the professional delivery claim, corresponding LEERS data and/or medical records will be used to determine the post-pay validation decisions.

Corrected professional delivery claims

Corrected claims will be subjected to postpay review:

- Corrected claims with correct GB or AT modifiers will auto pay.
- Corrected claims with correct GZ modifier will auto deny.

Professional delivery claims medical record audit process

- We will allow 60 days for the provider to return medical records justifying the use of the modifier.
- If medical indication of the delivery is not supported, 45 days will be allowed for recoupment.
- If medical indication of the delivery is supported, we will respond to the provider approving payment.
- For a provider who consistently uses the GB or AT modifier incorrectly, we will monitor the situation and take appropriate action.
- If no LEERS record is on file, we will review the diagnosis submitted to confirm live birth and request for the data to be updated immediately by the provider.
- If there is no live birth, no further action will be taken.

Professional delivery claims appeal process

- The provider should log into LEERS to review the data and determine whether an amendment needs to be requested if the data is incorrect.
- If the birth record does not correspond with the file, the birth clerk from the facility should contact the vital records LEERS hotline at **1-504-593-5101**.
- If a facility needs to correct data on a birth file, an amendment form should be requested through the vital records LEERS hotline, completed and returned for processing.
- If a professional delivery claim was coded correctly and denies due to a LEERS error, an amendment form will need to be submitted to Healthy Blue.

What if I need assistance?

If you have questions about this communication, please contact your local Provider Relations representative or call Provider Services toll free at **1-844-521-6942**.