

Claims for Obstetric Deliveries to Require a Modifier

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Effective for dates of service on or after September 1, 2011, benefit criteria for obstetric delivery services will change for Texas Medicaid. Claims that are submitted for obstetric delivery procedure codes 59409, 59410, 59514, 59515, 59612, 59614, 59620, or 59622 will require one of the following modifiers:

Modifier	To Indicate
U1	Medically necessary delivery prior to 39 weeks of gestation
U2	Delivery at 39 weeks of gestation or later
U3	Non-medically necessary delivery prior to 39 weeks of gestation

Note: *Claims for deliveries that are submitted without one of the required modifiers will be denied.*

Effective for dates of service on or after September 1, 2011, Texas Medicaid will restrict any Cesarean section, labor induction, or any delivery following labor induction to one of the following additional criteria:

- Gestational age of the fetus should be determined to be at least 39 weeks or fetal lung maturity must be established before delivery.
- When the delivery occurs prior to 39 weeks, maternal and/or fetal conditions must dictate medical necessity for the delivery.

Cesarean sections, labor inductions, or any deliveries following labor induction that occur prior to 39 weeks of gestation and are not considered medically necessary will be denied.

Records will be subject to retrospective review. Payments made for non-medically-indicated Cesarean section, labor induction, or any delivery following labor induction that fail to meet these criteria (as determined by review of medical documentation), will be subject to recoupment. Recoupment may apply to all services related to the delivery, including additional physician fees and the hospital fees.

For more information, call the TMHP Contact Center at 1-800-925-9126.