

## Clinical Policy: Elective Delivery Prior to 39 Weeks

Reference Number: WA.CP.MP.504

Date of Last Revision: 05/23

Effective Date: 06/01/23

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

This policy describes the medical necessity guidelines for induction or cesarean delivery prior to 39 weeks gestation.

### Policy/Criteria

- I. It is the policy of Coordinated Care of Washington, Inc., that elective delivery prior to 39 weeks gestational age is considered **medically necessary** when the maternal or fetal diagnosis is included in The Joint Commission list of “Conditions Possibly Justifying Elective Delivery”.
- II. It is the policy of Coordinated Care of Washington, Inc., that induction or cesarean delivery prior to 39 weeks’ gestation is **not medically necessary** for any other diagnosis.

### Background

This policy is based entirely on Washington State Health Care Authority Billing Guidelines. The agency does not reimburse for early elective deliveries. An early elective delivery is defined in WAC 182-500-0030 as any nonmedically necessary induction or cesarean section before 39 weeks gestation. Medical necessity is defined in WAC 182-533-0400.

### Coding Implications

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The table below includes *categories* of diagnosis codes from the Joint Commission document. See the actual document (URL included in [References](#)) for specific diagnosis codes.

ICD-10-CM Diagnosis Codes	Description
B20	Human immunodeficiency virus (HIV) disease
J80	Acute respiratory distress syndrome
J96.0	Acute respiratory failure
J96.9	Respiratory failure, unspecified
K80	Calculus of gallbladder with acute cholecystitis
K81	Acute cholecystitis

ICD-10-CM Diagnosis Codes	Description
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
O10	Pre-existing hypertension complicating pregnancy
O11	Pre-existing hypertension with pre-eclampsia
O13	Gestational hypertension without significant proteinuria
O14	Pre-eclampsia
O15	Eclampsia
O16	Unspecified maternal hypertension
O24	Diabetes mellitus in pregnancy, childbirth and the puerperium
O26	Liver and biliary track disorders in pregnancy
O30	Multiple gestation
O31.1-O31.3	Continuing pregnancy following death of one or more fetus
O31.8	Other complications specific to multiple gestation
O34.212	Maternal care for vertical scar from previous cesarean delivery
O35	Maternal care for known or suspected fetal abnormality and damage
O36.0-O36.1	Maternal care for Rh and other isoimmunization
O36.4	Maternal care for intrauterine death
O36.5	Maternal care for known or suspected poor fetal growth
O36.8	Maternal care for other specified fetal problems
O40	Polyhydramnios
O41	Other disorders of amniotic fluid and membranes
O42	Premature rupture of membranes
O43.0	Placental transfusion syndromes
O43.2	Morbidly adherent placenta
O44	Placenta previa
O45.0	Premature separation of placenta
O46	Antepartum hemorrhage, not elsewhere classified
O48.0	Post-term pregnancy
O66.6	Obstructed labor due to other multiple fetuses
O67	L&D complicated by intrapartum hemorrhage, not elsewhere classified
O68	L&D complicated by abnormality of fetal acid-base balance
O69.0	L&D complicated by prolapse of cord
069.4	L&D complicated by vasa previa
O71.0	Rupture of uterus (spontaneous) before onset of labor
O76	Abnormality in fetal heart rate and rhythm complicating L&D
O98.72	Human immunodeficiency virus (HIV) disease complicating childbirth
O99.1	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, childbirth and the puerperium
O99.4	Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium

ICD-10-CM Diagnosis Codes	Description
O99.81	Abnormal glucose complicating pregnancy, childbirth and the puerperium
R06.03	Acute respiratory distress
R09.2	Respiratory arrest
Z21	Asymptomatic human immunodeficiency virus (HIV) infection status
Z37.1	Single stillbirth
Z79.01	Long term (current) use of anticoagulants

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy adopted. Previously WA.UM.17.01	07/19	07/19
Annual review. Added WAC reference to background. Updated references. Added ICD-10 codes K83.5 and O26.	05/20	06/20
Annual review. Replaced “member” with “member/enrollee” in all instances. References updated.	05/21	06/21
Annual review. Changed “Review Date” in the header to “Date of Last Revision” and “Date” in the revision log header to “Revision Date.” Updated diagnosis code list.	05/22	05/22
Annual review. Updated references.	04/23	05/23

**References**

1. Washington Administrative Code 182-533-0400. <https://apps.leg.wa.gov/wac/default.aspx?cite=182-533-0400> Accessed April 17, 2023.
2. Washington State Health Care Authority. Physician-Related Services/Health Care Professional Services Billing Guide. <https://www.hca.wa.gov/assets/billers-and-providers/Physician-related-services-bg-20230401.pdf> Revision effective April 1, 2023.
3. Joint Commission. *Specifications Manual for Joint Commission National Quality Measures (v2023A)*. Table Number 11.07 “Conditions Possibly Justifying Elective Delivery”. [Appendix ATJC \(v2023A1\) \(jointcommission.org\)](https://www.jointcommission.org/Appendix-ATJC-(v2023A1)-(jointcommission.org)) Accessed April 17, 2023.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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