

5/17/18



All Providers,

Please see the added Revenue codes in **BOLD** that will be used as the guidelines for billing deliveries.

The tables below indicate approved Diagnosis Codes and CPT Procedure Codes/Revenue Codes for Delivery claims with a date of delivery on/after February 1st, 2018.

1. All Delivery claims must have at least one Group 1 diagnosis code.
2. And at least one Group 2 diagnosis code.
3. And have a valid procedure code from the list for professional claims or a valid revenue code from the list for facility claims.

Diagnosis Codes		CPT Procedure Codes for Professional Claims	Revenue Codes for Inpatient Facility Claims
Group 1 - Main Circumstance or Complication of the Delivery	Group 2 - Outcome of Delivery		
At least one diagnosis code from Group 1 is required on every claim (refer to ICD-10 code book for complete code - See bullet 2 above)	At least one valid diagnosis code from Group 2 is required on every claim	At least one valid CPT Procedure code is required for <u>Professional</u> claims only	At least one valid CPT Procedure code is required for <u>Inpatient Facility</u> claims only
**	Z37.0	01960	100 – ALL INCLUSIVE ROOM AND BOARD PLUS ANCILLARY
	Z37.1	01961	110 – ROOM AND BOARD - PRIVATE MEDICAL/GENERAL
	Z37.2	01967	112 – ROOM AND BOARD - PRIVATE OB
	Z37.3	01968	122 – ROOM AND BOARD - SEMI-PRIVATE(2) OB
	Z37.4	01969	132 – ROOM AND BOARD - SEMI-PRIVATE(3\4) OB
	Z37.50	59400	142 – ROOM AND BOARD - PRIVATE (DELUXE) OB
	Z37.51	59409	152 – ROOM AND BOARD - WARD - OB
	Z37.52	59410	710 – RECOVERY ROOM
	Z37.53	59510	720 - LABOR ROOM/DELIVERY
	Z37.54	59514	721 - LABOR ROOM/DELIVERY - LABOR
	Z37.59	59515	722 - LABOR ROOM/DELIVERY - DELIVERY
	Z37.60	59610	723 - LABOR ROOM/DELIVERY - CIRCUMCISION
	Z37.61	59612	724 - LABOR ROOM/DELIVERY - BIRTHING CENTER
	Z37.62	59614	729 - LABOR ROOM/DELIVERY - OTHER
	Z37.63	59618	
	Z37.64	59620	
	Z37.69	59622	
	Z37.7		
	Z37.9		

**See separate document labeled “Delivery Group1-Full Codes” posted on the plan website