

Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook Updated to Clarify Delivery Modifier Requirement

Information posted December 14, 2018

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

This is an update to the current *Texas Medicaid Provider Procedures Manual, Volume 2, Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook*, subsection 4.1.2, "Vaginal and Cesarean Deliveries." The language regarding the use of modifiers for the processing of delivery claims was revised and will be updated with the January 2019 release.

The following statements will be updated in the handbook section stated above:

- The following procedure codes when submitted with the appropriate modifier may be a benefit for vaginal or cesarean deliveries:

Procedure Codes								
59409	59410	59514	59515	59612	59614	59620	59622	S8415*
* Procedure code S8415 is for home delivery supplies								

- The following modifiers must be billed with the procedure codes indicated above for vaginal and cesarean deliveries:

Modifiers	
U1	Prior to 39 Weeks and Medically Necessary
U2	39 Weeks or Later
U3	Prior to 39 Weeks and Not Medically Necessary

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