

Benefits to Change for Obstetric Procedure Codes 59812, 59820, and 59821 Effective Dec. 1, 2017

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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.

Effective for dates of service on or after Dec. 1, 2017, benefits for the following obstetric procedure codes will change for Texas Medicaid:

Procedure Codes for Surgical Treatment of Early Intrauterine Failed Pregnancy

59812	59820	59821
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Claims that are submitted for the surgical treatment of an early intrauterine failed pregnancy must include one of the following diagnosis codes as the referenced or primary diagnosis:

Diagnosis Codes

O021	O0339	O034	O071	O0730	O0739
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Note: The provider must choose the most appropriate diagnosis code.

A provider must conduct a comprehensive medical history and examination to make a definitive diagnosis of early intrauterine failed pregnancy. The diagnosing of the client may also require the following procedures, which may be separately reimbursed:

- Serum human chorionic gonadotropin (hCG) testing
- Other lab tests
- Ultrasound examination

Note: Providers may refer to the current Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook, subsection 4.1.7, "Obstetric Ultrasound," for additional information on limitations for obstetric ultrasounds.

Documentation of the client's early intrauterine failed pregnancy and the surgical treatment must be maintained by the performing provider in the client's medical record.

Procedure codes 59812, 59820, and 59821 will no longer require the following:

- Modifier G7
- Physician certification statement

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