

UC Modifier

Policy REIMB-018

Origination Date: 12/01/2021

Reviewed/Revised Date: 10/30/2023

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Current Effective Date: 10/30/2023

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

Description:

The UC modifier represents Medicaid level 12, as defined by each state.

The Utah Medicaid Provider Manual for Physician Services specifically outlines use of the UC modifier in section 8-10.4.2, it notes "Providers are required to append modifier UC on claims of deliveries 39 weeks or less that are medically necessary or on deliveries 39 weeks or more, whether spontaneous or elective. If the modifier "UC" is not appended to the claim, it is understood that the claim was for an early elective delivery less than 39 weeks and 0 days and will be denied. Providers are responsible for ensuring that the codes (and modifiers when applicable) submitted for reimbursement accurately reflect the diagnosis and procedure(s) reported."

Policy Statement and Criteria

1. Commercial Plans

This policy applies to Medicaid plans only. Commercial plans have no requirements for use of UC modifier.

2. Medicaid Plans

Healthy U plans require the UC Modifier be attached to maternity delivery claims before 39 weeks gestation, to indicate that the induction was medically necessary. If there is no

UC Modifier attached, that will signify that the induction was **NOT** medically necessary and the claim will be denied.

- Append a "UC" modifier to labor and delivery claims when the delivery is medically necessary and the gestation age is 38 weeks or less; and
- Report the gestational age of the fetus using the appropriate ICD-10 diagnosis code in the "Z3A" series on delivery claims.

U of U Health Plans does not require the UC Modifier to be attached to a delivery claim if the gestation period is 39 weeks or more and has ICD-10 diagnosis code Z3A.39, Z3A.40, Z3A.41, Z3A.42 or Z3A.49 listed on the delivery claim.

Clinical Rationale

Utah Medicaid has determined that elective deliveries, whether vaginal or cesarean, prior to 39 weeks are not medically necessary and therefore, are not a covered service. This policy is being put in place in an effort to reduce the infant mortality rate and improve birth outcomes.

If the modifier "UC" is not appended to the claim, it is understood that the claim is for an early elective delivery (EED) less than 39 weeks and 0 days and will be denied. Providers are responsible for ensuring the codes (and modifiers when applicable) submitted for reimbursement accurately reflect the diagnosis and procedure(s) performed.

Medically necessary deliveries, prior to 39 weeks and 0 days, require medical documentation justifying the early delivery. The provider is responsible for maintaining this documentation in the client's medical record, which may be subject to a post-payment review.

Global delivery claims denied as an early elective delivery may be refiled as antepartum and/or postpartum care services for separate reimbursement consideration.

All related facility claims associated with provider claims resulting from early elective deliveries will be identified and payment recouped in its entirety through a retrospective review process.

Applicable Coding

Modifiers

UC Medicaid level of care 12, as defined by each state

ICD-10 Codes

Z3A.00-Z3A.49 Gestational age of fetus

References:

1. Optum360® EncoderPro.com for Payers Professional. (2021). Accessed September 27, 2021. Available at: <https://www.encoderprofp.com>
2. Utah Medicaid Provider Manual. Division of Medicaid and Health Financing. Updated May 2021. Accessed September 27, 2021. Available at: <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20Services/Physician%20Services%20Manual/PhysicianServices.pdf>

Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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