Hewlett Packard Enterprise

November 10, 2016
Announcement 1264

Claims for Cesarean Sections

Effective on claims with dates of service on or after November 7, 2016, claims for Cesarean sections will no longer deny if the claim lists both vaginal delivery and Cesarean section delivery procedure and/or diagnosis codes.

Claims that do not have a diagnosis code from the "Diagnosis Codes Accepted by Nevada Medicaid Supporting Medical Necessity for Cesarean Section" list, are not billed with a prior authorization and are billed with an attachment will pend for medical review. If the claim lists both a vaginal delivery and Cesarean section delivery, providers will need to submit medical documentation to substantiate the medical necessity for the Cesarean section.

Claims for Cesarean sections with dates of service February 16, 2015, through November 6, 2016, that denied inappropriately with edit code 0643 (Cannot combine vaginal with C-section procedures) will be automatically reprocessed. A future web announcement will notify providers when the claims are reprocessed.