Affected Programs: BadgerCare Plus Benchmark Plan, BadgerCare Plus Standard Plan, Medicaid
To: Physician Assistants, Physician Clinics, Physicians, Nurse Midwives, Nurse Practitioners, HMOs and Other Managed Care Programs

New Modifier for Nonelective Cesarean Sections

Effective for dates of service on and after January 1, 2010, providers will be required to use the "U1" modifier to receive current reimbursement rates for nonelective cesarean sections. This *ForwardHealth Update* provides the procedure codes affected by this change, the modifier required to indicate a nonelective cesarean section, and examples of nonelective cesarean sections.

Background

Nationally, the number of scheduled, elective cesarean sections has increased steadily over the last few years. The Department of Health Services (DHS) wants to assure that they are reimbursing providers for performing cesarean sections only in instances where such action is medically indicated. As detailed in this *ForwardHealth Update*, in cases where a cesarean section is elective or not medically indicated, the DHS will reimburse providers at the same rate as for a vaginal delivery. Reimbursement rates for cesarean sections that are medically indicated are not affected by this change in policy.

New Modifier for Nonelective Cesarean Sections

Effective for dates of service on and after January 1, 2010, providers will be required to use the modifier "U1" (nonelective cesarean section) to receive current reimbursement rates for nonelective cesarean sections.

The "U1" modifier can be used with the following procedure codes:
- 59510 (Routine obstetric care including antepartum care, cesarean delivery, and postpartum care).
- 59514 (Cesarean delivery only).
- 59515 (Cesarean delivery only; including postpartum care).

This change does not affect the following cesarean procedure codes, and therefore, the modifier "U1" will not be required:
- 59618 (Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery).
- 59620 (Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery).
- 59622 (Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery, including postpartum care).

Reimbursement rates for elective cesarean sections will now be the same as for vaginal deliveries.

Refer to the interactive maximum allowable fee schedule on the ForwardHealth Portal at *www.forwardhealth.wi.gov/* for current reimbursement rates.

Department of Health Services

Examples of Nonelective Cesarean Sections

The following are examples of cesarean sections when the use of the "U1" modifier may be appropriate:

- The mother has already had a cesarean section in a previous pregnancy.
- The mother has a serious medical condition that requires emergency treatment.
- The mother has an infection that may be transmitted to the baby, such as herpes or Human Immunodeficiency Virus (HIV).
- The mother is delivering twins, triplets, or more.
- The baby is in a breech or transverse position.
- The baby is showing signs of severe fetal distress requiring immediate delivery.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only.

For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.