

## EARLY ELECTIVE DELIVERIES

### Scope

This policy applies to:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial                                  | <input checked="" type="checkbox"/> Medicare  |                                   |

### Policy

Original Effective Date: 09/01/2014

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not reimburse early elective deliveries including related anesthesia and professional services.

### Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

### Policy Definitions

**Early Elective Deliveries** – A birth where either an induction or cesarean section has taken place without medical indication between the 37<sup>th</sup> and the 39<sup>th</sup> completed week of gestation

### Prerequisite(s)

Not applicable

### References

[Obstetrics Care Topic](#), Bree Collaborative

### Frequently Asked Questions

- Q1:** A member has her baby delivered in the 38<sup>th</sup> week due to medical complications. Will the delivery be reimbursable?
- A1:** Yes. Kaiser Permanente will reimburse medically necessary early deliveries.

**Q2:** A member has an elective delivery in the 38<sup>th</sup> week of her pregnancy. Will the delivery be reimbursed?

**A2:** No. Kaiser Permanente will not reimburse for elective deliveries between the 37<sup>th</sup> and the 39<sup>th</sup> completed week of gestation.

## Revision History

04/20/2022 – Updated to remove Medicaid from this policy applies to field, corrected hyperlinks and formatting.

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.