



**PROVIDER BULLETIN**  
#11-2016

**TO:** Participating hospitals that provide covered services to AmeriHealth New Jersey members

**FROM:** Michael S. Zollenberg  
Vice President, Provider Network Operations

**DATE:** May 27, 2016

**SUBJECT:** Mapping change for vaginal delivery claims

We are sending this bulletin to notify you of an upcoming mapping change related to vaginal delivery claims.

*Note:* This change applies only to facility providers that are on a DRG-based reimbursement method **and** using a DRG version of Version 32 or earlier.

**Background**

Inquiries have been received from facility providers using DRG Version 32 or earlier related to vaginal delivery claims with repair of perineum. In these cases, ICD-10 procedure code 0KQM0ZZ (Repair Perineum Muscle, Open Approach) is grouping to a Non-Delivery MS-DRG, which is in turn affecting the payment.

For DRG Version 33, claims with this procedure code group to a Vaginal Delivery MS-DRG (i.e., MS-DRGs 774, 775).

**Mapping change for ICD-10 procedure code 0KQM0ZZ**

With a targeted release date of May 29, 2016, the DRG Grouper will be updated so that these claims will correctly group to the appropriate Vaginal Delivery MS-DRG (MS-DRGs 774, 775) when submitted using DRG Version 32 or earlier. This change to the mapper for ICD-10-PCS code 0KQM0ZZ will be effective for dates of service on or after October 1, 2015, the ICD-10 implementation date.

**What this means to you**

Any affected claims will be reprocessed and grouped to the appropriate Vaginal Delivery MS-DRG once the updated logic has been implemented. You should not resubmit these claims.

If you have any questions about this bulletin, please contact your Provider Partnership Associate.

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**We encourage you to share this information with appropriate members of your staff.**