



CLINICAL REIMBURSEMENT POLICY	
Policy Name:	Non-Urgent C-Section
Policy Number:	HWC-RP-2274
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	09/28/2026
Effective Date:	12/01/2026
Next Annual Review:	12/2027
Revision Date:	09/2026
Products:	Highmark Wholecare SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Policy History

Date	Action
12/01/2026	Provider Effective date
07/13/2026	Policy initially developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical benefits of the Company's Medicaid products for medically necessary.

Definitions

Early Elective Delivery- Scheduled cesarean sections or medical inductions performed prior to 39 weeks of gestation.

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Procedures

Elective Cesarean delivery, also known as Cesarean delivery on maternal request (CDMR), is performed without any maternal or fetal indication or medical necessity. It is performed purely at the individual's request. CDMR accounts for 1-3% of deliveries in the United States.

1. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

2. Place of Service

The proper place of service for Non-Urgent C-section is inpatient.

Coding Requirements

Procedure Codes

CPT/HCPCS Code	Description
59510	Routine obstetric care including antepartum care, cesarean delivery and postpartum care
59514	Cesarean delivery only
59515	Cesarean delivery only; including postpartum care

Diagnosis Codes

ICD-10 Code			
Z3A.XX	Z37.XX		

Delivery claims submitted with a gestational age diagnosis code of less than 39 weeks must also include one or more additional diagnosis code(s) from one of the following diagnosis codes to demonstrate that the early delivery is medically indicated:

- **A diagnosis code from one of the following series coded to the appropriate character:** O31; O32; O33; O35; O36; O41; O42; O43; O44; O45; O64; O68; O69; O71; and O76

OR

- **One of these specific diagnosis codes:** O26.42, O26.43, O26.612, O26.613, O34.212, O34.29, O34.519, O34.533, O46.002, O46.003, O46.012, O46.013, O46.022, O46.023, O46.092, O46.093, O46.8X2, O46.8X3, O46.92, O46.93, O60.10, O60.12, O60.13, O60.14, O60.20, O60.23, O62.3, O66.6, O67.0, O67.8, O67.9, O75.0, O75.1, O77.1, O77.8, O77.9, O98.112, O98.113, O98.12, O98.13, O98.212, O98.213, O98.22, O98.23, O98.712, O98.713, O98.72, O98.73, O99.322, O99.323, O99.324, O99.325 or R03.0

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

Reference Sources

CMS