

Delivery (KICK) Payment Policy

Effective October 1, 2015, supplemental payments for deliveries will be determined using the ICD-10 Diagnosis codes

These payments, otherwise known as "KICK" payments, will be reimbursed to the health plan when notification is provided to the state agency that a delivery has occurred.

Notification must be provided in one of two formats:

<u>Claim Type</u>	<u>Format</u>	<u>Criteria Procedure Code</u>	<u>Criteria Diagnosis Code (Contained in one of the first 5 diagnosis) *</u>	<u>Type of Service</u>
Inpatient	837- I	N/A	Z37.0-Z37.4, Z37.50-Z37.54, Z37.59-Z37.64, Z37.69, Z37.7, Z37.9, O60.20X0 - O60.20X5, O60.20X9 O60.22X0 - O60.22X5, O60.22X9 O60.23X0 - O60.23X5, O60.23X9 O75.82	N/A
Outpatient	837-I	N/A	Same as Inpatient	N/A
Medical	837- P	59400	N/A	2,3
		59409	N/A	2,3
		59410	N/A	2,3
		59510	N/A	2
		59514	N/A	2
		59515	N/A	2
		59610	N/A	2
		59612	N/A	2
		59614	N/A	2
		59618	N/A	2
		59620	N/A	2
		59622	N/A	2

*When using a 7th digit, an X will serve as a space holder for the 6th digit.

Encounters meeting the above criteria will generate a supplemental payment to the health plan when received and processed by the fiscal agent. No more than one supplemental payment will be paid per member in a ten-month period (300 days).

Pregnancies that do not result in delivery are not eligible for the supplemental payment.