Commercial Reimbursement Policy

Subject: **Multiple Delivery Services - Professional**	
Policy Number: **C-19005**	Policy Section: **Surgery**
Last Approval Date: **04/29/2022**	Effective Date: **04/29/2022**

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross (Anthem) benefit plan. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and non-participating professionals and facilities as indicated.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or state contract language, or state, federal requirements or mandates. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. Anthem reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan allows reimbursement for multiple births by a same-delivery or combined-delivery method unless provider, state, or federal contracts and/or mandates indicate otherwise. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, professional reimbursement is based on the following rules:

- **Vaginal Deliveries** – Vaginal deliveries involved in multiple births should be billed with Modifier 59. Each subsequent vaginal delivery will be eligible for reimbursement at 50% of the allowance.
- **Cesarean Deliveries –** Cesarean deliveries involved in multiple births should be billed with Modifier 22. Documentation will be reviewed to determine if additional reimbursement is warranted for services eligible for reimbursement.

Related Coding

Standard Correct Coding applies

Policy History

04/29/2022	Biennial review approved: minor language changes
07/19/2019	Initial policy approval 07/19/2019 and effective 01/01/2021.

References and Research Materials

This policy has been developed through consideration of the following:

- Centers for Medicare and Medicaid Services (CMS)

- American Medical Associations Current Procedural Terminology (CPT) 2022
- The American College of Obstetrics and Gynecologists
- Optum EncoderPro 2022

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Distinct Procedural Services – Modifiers 59 and XE, XP, and XU - Professional
Maternity Services - Professional
Modifier 22 (Increased Procedural Services) - Professional
Modifier Rules - Professional

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.