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Reimbursement Policy

Subject: **Multiple Delivery Services**	
Policy Number: **G-06044**	Policy Section: **Surgery**
Last Approval Date: **07/17/2024**	Effective Date: **07/17/2024**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to anthem.com/medicareprovider.****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Medicare Advantage covered the service for the member's benefit plan. The determination that a service, procedure, and/or item 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. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

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

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem Medicare Advantage strives 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. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Anthem Medicare Advantage allows reimbursement for multiple births by a same-delivery or combined-delivery method unless provider, state, federal, or CMS contracts and/or requirements 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 51. Multiple procedure guidelines will apply.
- Cesarean deliveries — Cesarean deliveries involved in multiple births should be billed with modifier 22. Multiple procedure guidelines will not apply.

Related Coding
Standard correct coding applies

Policy History	
07/17/2024	Review approved and effective: no changes
04/29/2022	Review approved and effective: updated policy template; no language changes
07/13/2020	Review approved
06/01/2018	Review approved 06/01/2018 and effective 06/30/2019: updated policy template
03/08/2017	Initial approval 03/08/2017 and effective 03/01/2018

References and Research Materials
This policy has been developed through consideration of the following: • CMS • State contract

Definitions
General Reimbursement Policy Definitions

Related Policies and Materials
Maternity Services
Modifier 22
Modifiers 25 and 57: Evaluation and Management with Global Procedures
Modifiers 50 and 51: Multiple and Bilateral Surgery
Modifiers 59, XE, XP, XS, XU: Distinct Procedural Services
Modifiers 80, 81, 82, and AS: Assistant at Surgery
Modifier Usage
Professional Anesthesia Services

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