

Commercial Reimbursement Policy

Subject: **Multiple Delivery Services – Professional**

Policy Number: **C-19005**

Policy Section: **Surgery**

Last Approval Date: **07/17/2024**

Effective Date: **04/29/2022**

Disclaimer

These reimbursement 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 an Anthem member's 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. 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 may:

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

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. 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. 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 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	
07/17/2024	Review approved: no changes
04/29/2022	Review approved: minor language updates
07/19/2019	Initial approval and effective: updated policy template

References and Research Materials	
This policy has been developed through consideration of the following: <ul style="list-style-type: none"> • CMS • Optum EncoderPro 2024 • The American College of Obstetrics and Gynecologists 	

Definitions	
General Reimbursement Policy Definitions	

Related Policies and Materials	
Maternity Services - Professional	
Modifier 22 - Professional	
Modifier Usage - Professional	
Modifiers 59 and XE, XP, XS, & XU: Distinct Procedural Service - Professional	

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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