Title | Multiple Deliveries/Births
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Number | CP.PP.140.v2.7
Last Approval Date | 10/18/18
Original Effective Date | 12/01/01
Replaces | N/A
Cross Reference
- Maternity Services Policy
- Modifier 22- Increased Procedural Services
- Modifier 59 – Distinct Procedural Service
- Modifier TH – Obstetrical treatment/services
- Multiple Surgical Reductions

Coverage of any service is determined by a member’s eligibility, benefit limits for the service or services rendered and the application of the Plan’s Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the Plan’s professional services claims coding policies. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

### Purpose
To define how the Plan limits billing for multiple birth maternity cases.

### Scope
Applies to all Company lines of business and products with the exception of Medicare Advantage.

### Policy
The Plan reimburses multiple gestation deliveries following American College of Obstetrics and Gynecology (ACOG) coding guidelines for vaginal, cesarean section or a combination of vaginal and cesarean section deliveries. Some examples of multiple deliveries: (applicable codes in the Codes/Coding Guidelines section)

1. **All Vaginal Deliveries:**
   a. First vaginal birth must be billed either as a global maternity care code, a delivery and post-partum care code or delivery only code; and
   b. Second and subsequent vaginal births: All billed as delivery only codes appended with the appropriate modifier to indicate they were separate vaginal deliveries

2. **At least one vaginal delivery with remaining births by cesarean section:**
   a. First vaginal birth must be billed either as a global maternity care code, a delivery and post-partum care code or a delivery only code; and
   b. Second and subsequent cesarean births: All billed as delivery only codes appended with the appropriate modifier to indicate they were separate cesarean deliveries

3. **All cesarean births:**
   a. All cesarean births must be billed either as one occurrence of global maternity care code (cesarean only), a delivery and post-partum code (cesarean only) or a delivery only code (cesarean only).
   b. Second and subsequent cesarean births: No additional allowances for subsequent newborns delivered via the same incision as they are considered part of the initial delivery

If the work required to perform the delivery, whether vaginal or caesarean section, is substantially greater than typically required for the delivery, modifier 22 should be
appended to the delivery code of the second and subsequent deliveries and
documentation in the member’s chart or medical record should support and detail out
the additional work performed.

Modifier 59 must be added to the second and subsequent delivery only codes when it is
necessary to distinguish separate and distinct deliveries, as in the case of multiple
deliveries, e.g. twins, triplets.

Total global obstetrical care includes all prenatal/ante-partum and post-partum care, in
addition to the delivery.

If the provider renders less than the “total global” obstetrical care, the provider should
submit the appropriate maternity codes for the specific services rendered.
The following codes apply to this policy:

**Global Maternity Care Codes:**
- 59400 – Routine obstetric care including antepartum care, vaginal delivery (with/without episiotomy and/or forceps) and postpartum care
- 59510 – Routine obstetric care including antepartum care, cesarean delivery and postpartum care
- 59610 – Routine obstetric care including antepartum care, vaginal delivery (with/without episiotomy and/or forceps) and postpartum care after previous cesarean delivery
- 59618 – Routine obstetric care including antepartum care, vaginal delivery (with/without episiotomy and/or forceps) and postpartum care following attempted vaginal delivery after previous cesarean delivery

**Delivery and Post-Partum Care Codes:**
- 59410 – Vaginal delivery only (with/without episiotomy and/or forceps) including postpartum care
- 59515 – Cesarean delivery only including postpartum care
- 59614 – Vaginal delivery only, after previous cesarean delivery (with/without episiotomy and/or forceps) including postpartum care
- 59622 – Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery including postpartum

**Delivery Only Codes:**
- 59409 – Vaginal delivery only (with/without episiotomy and/or forceps)
- 59514 – Cesarean delivery only
- 59612 – Vaginal delivery only, after previous cesarean delivery (with/without episiotomy and/or forceps)
- 59620 – Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

**Violations of Policy**
Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined in Plan’s sole discretion.

Violations of this policy may be grounds for corrective action, up to and including termination of employment.

**Exceptions**
None

**Laws, Regulations & Standards**
- The American College of Obstetrics and Gynecology (ACOG)

**Policy Owner Review**
Provider Integrity Oversight Committee

**Contact**
Any questions regarding the contents of this policy or its application should be directed to the Payment Policy Department.
<table>
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<tr>
<th>Annual Review Dates</th>
<th>10/18/18; 11/06/17; 11/08/16; 11/15/15; 08/10/15; 08/10/14; 08/15/13; 08/19/12; 08/29/11; 09/03/10; 11/22/09; 12/19/08; 12/20/07; 12/10/06; 08/29/05; 10/08/04; 07/23/04; 08/04/03; 12/01/01</th>
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<tbody>
<tr>
<td>Version History</td>
<td>10/18/18 Added new section “Codes/Coding Guidelines”</td>
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