



## Reimbursement Policy

**Subject: Multiple Delivery Services**

Effective Date: <b>03/01/18</b>	Committee Approval Obtained: <b>07/13/20</b>	Section: <b>Surgery</b>
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\*\*\*\*\*The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>.\*\*\*\*\*

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Amerigroup Medicare Advantage 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 CPT® codes, 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. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

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

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

Amerigroup Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup Medicare Advantage strives to minimize these variations.

Amerigroup Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

<b>Policy</b>	Amerigroup 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
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	<p>multiple births and performed using a same-delivery or combined-delivery method, professional reimbursement is based on the following rules:</p> <ul style="list-style-type: none"> <li>• <b>Vaginal Deliveries</b> — Vaginal deliveries involved in multiple births should be billed with Modifier 51. Multiple procedure guidelines will apply. (Please see Multiple and Bilateral Surgery reimbursement policy for more information.)</li> <li>• <b>Cesarean Deliveries</b> — Cesarean deliveries involved in multiple births should be billed with Modifier 22. (Please see Modifier 22 reimbursement policy for more information.) Multiple procedure guidelines will not apply.</li> </ul>
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved 07/13/20</li> <li>• Biennial review approved 06/01/18: Policy template updated</li> <li>• Initial approval 03/08/17 and effective 03/01/18</li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State contracts</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Assistant at Surgery (Modifier 80/81/82/AS)</li> <li>• Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)</li> <li>• Maternity Services</li> <li>• Modifier 22: Increased Procedural Service</li> <li>• Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service</li> <li>• Modifier Usage</li> <li>• Multiple and Bilateral Surgery: Professional and Facility Reimbursement</li> <li>• Professional Anesthesia Services</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>