Reimbursement Policy

Effective Date.....10/11/2018
Reimbursement Policy Number R03

R03 Multiple Births

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Related Policies

Modifier 22 - Increased Procedural Services
R11-Global Maternity/Obstetric Package

INSTRUCTIONS FOR USE
*Reimbursement policies are intended to supplement certain **standard** benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supersedes** the information in a reimbursement policy. Reimbursement terms in agreements with participating health care providers may also supersede the information in a reimbursement policy Proprietary information of Cigna. Copyright ©2018 Cigna*

Overview

This policy outlines the coding requirements for reimbursement of multiple births.

Reimbursement Policy

Reimbursement for multiple births will be 100% of the fee schedule or other allowed amount for the primary procedure and 50% of the fee schedule or other allowed amount for secondary procedure(s) if a multiple gestation diagnosis code is appended to the claim and at least one of the deliveries is vaginal.

Cigna does not typically allow additional reimbursement for multiple births when all deliveries are performed by cesarean section. However, if a cesarean requires substantially increased time and complexity compared to what is typically provided, a modifier -22 must be added for consideration of additional reimbursement as outlined in the Cigna Modifier -22 Increased Procedural Services Reimbursement Policy. Documentation supporting the significant time and complexities must be maintained and submitted upon request.

General Background

Multiple pregnancies (gestations) occur when more than one embryo develops during the same pregnancy, often resulting in twins (two babies), triplets (three babies); quadruplets (four babies) and so on.

A primary procedure is defined as the procedure with the highest relative value unit. Any additional procedure(s) are considered secondary procedures.

The American Congress of Obstetricians and Gynecologists (ACOG) has recognized that multiple gestations create potential complications for the pregnancy, involves more physician work when procedures are performed

and complicates the coding of some services. Cigna follows ACOG guidelines for coding of multiple gestation deliveries when a corresponding multiple gestation diagnosis code is appended to the claim. ACOG recommends the following coding for delivery of multiple gestation pregnancies.

The following information is applicable to Plans with maternity benefits. When submitting claims for deliveries of more than one newborn, a multiple gestation diagnosis code must be appended. Cigna recommends that delivery charges be submitted on the same claim. Please indicate on the claim which charges apply to which newborn.

Delivery Method	Current Procedural Terminology (CPT®) codes	Reimbursement
Vaginal deliveries of two or more newborns		
First Newborn	59400, 59409, 59410, 59610, 59612, or 59614	• Use the appropriate vaginal delivery code for the first newborn • The primary procedure will be allowed at 100% of the fee schedule or other allowed amount , subject to the customer's contract benefits
Subsequent Newborn(s)	59409, 59612	• Use the appropriate vaginal delivery only code for each subsequent newborn. • The secondary procedure will be allowed at 50% of the fee schedule or other allowed amount for each newborn, subject to the customer's contract benefits
Vaginal delivery(ies) followed by Cesarean delivery(ies)		
First Newborn(s) Vaginal	59409, 59612	• Use the appropriate vaginal delivery only code for each newborn delivered. • The vaginal delivery will be considered a secondary procedure and will be allowed at 50% of the fee schedule or other allowed amount for each newborn, subject to the customer's contract benefits
Subsequent Newborn(s) Cesarean	59510, 59514, 59515, 59618, 59620, 59622	• Use the appropriate Cesarean code only once. The cesarean procedure will be considered primary and allowed at 100% of the fee schedule or other allowed amount, subject to the customer's contract benefits. Cigna follows ACOG guidelines and allows reimbursement for only one cesarean regardless the number of newborn(s) delivered during that cesarean.
Cesarean delivery(ies)		
First and subsequent newborn(s)	59510, 59514, 59515, 59618, 59620, 59622	• Use the appropriate Cesarean code only once. The cesarean procedure will be considered primary and allowed at 100% of the fee schedule or other allowed amount, subject to the customer's contract benefits. Cigna follows ACOG guidelines and allows reimbursement for only one cesarean regardless the number of newborn(s) delivered during that cesarean.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Covered when medically necessary:

CPT®* Codes	Description
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy,

	and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps);
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only
59515	Cesarean delivery including postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

ICD-10-CM Diagnosis Codes	**Description**
O30.001-O30.099	Twin pregnancy
O30.101-O30.199	Triplet pregnancy
O30.201-O30.299	Quadruplet pregnancy
O30.801-O30.899	Other multiple gestation
O30.90X-O30.93X	Multiple gestation, unspecified
Z37.2-Z37.4	Outcome of delivery, twins
Z37.50-Z37.59	Outcome of delivery, other multiple births, all liveborn
Z37.60-Z37.69	Outcome of delivery, other multiple births, some liveborn
Z37.7	Outcome of delivery, other multiple births, all stillborn
Z38.30-Z38.31	Twin liveborn infant, born in hospital
Z38.4	Twin liveborn infant, born outside hospital
Z38.5	Twin liveborn infant, delivered by cesarean
Z38.61-Z38.69	Other multiple live born infant, born in hospital
Z38.7	Other multiple liveborn infant, born outside hospital
Z38.8	Other multiple liveborn infant, unspecified as to place of birth

References

1. American Medical Association. Current Procedural Terminology (CPT®) © 2016.
2. American College of Obstetrics and Gynecologists (ACOG) – Memo – Revised June 15 2010.

Policy History/Update

Date	Change/Update
10/11/2018	Policy template updated.
02/27/2018	Policy template updated; removed ICD9 table since they have been invalid since 10/01/2015.
10/24/2017	Policy template updated
11/10/2016	Policy template updated
08/12/2015	Policy updated to include ICD10 codes
06/09/2014	Policy update making a multiple gestation diagnosis code the driving factor for this policy and modifier 51 or 59 is no longer required.
05/03/2011	Policy template updated
08/06/2009	Policy effective for CIGNA Great-West
05/01/2009	Policy updated to integrated format; Notification date for CIGNA Great-West
07/03/2007	Effective date of policy
05/21/2007	Original notification of policy