Professional Pricing Policy

Subject: **Multiple Delivery Services**	
Policy Number: HLSP-0003	Policy Section: **Surgery**
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. 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. 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. 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.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

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

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

The HealthLink allows for multiple births by a same-delivery or combined-delivery method. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, professional allowance 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 allowed 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 allowance is warranted for eligible services (please see Modifier 22 pricing policy for more information).

Related Coding

Standard correct coding applies

Exemptions

Definitions

General Professional Pricing Policy Definitions

Related Policies and Materials

Maternity Services
Modifier 59 and XE, XP, XS and XU (Distinct Procedural/Separate/Unusual Service)
Modifier 22
Modifier Rules

References and Research Materials

This policy has been developed through consideration of the following

- CMS
- American Medical Association (AMA) Current Procedural Terminology (CPT)

Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.