

Reimbursement Policy	
Subject: Multiple Delivery Services	
Policy Number: G-06044	Policy Section: Surgery
Last Approval Date: 04/29/2022	Effective Date: 04/29/2022

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.simplyhealthcareplans.com>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Simply Healthcare Plans, Inc. (Simply) Medicare Advantage if the service is covered by a 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 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, Simply Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Simply 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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 set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Simply Medicare Advantage strives to minimize these variations.

Simply 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 our provider website.

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

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Policy

Simply 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 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 51. Multiple procedure guidelines will apply.
- Cesarean Deliveries — Cesarean deliveries involved in multiple births should be billed with Modifier 22. Multiple procedure guidelines will not apply.

Related Coding

Standard correct coding applies

Policy History

04/29/2022	Biennial review approved and effective; updated policy template, no language changes
01/01/2021	Initial review approved and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Assistant at Surgery (Modifier 80/81/82/AS)
Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)
Maternity Services
Modifier 22: Increased Procedural Service
Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
Modifier Usage
Multiple and Bilateral Surgery: Professional and Facility Reimbursement
Professional Anesthesia Services