

		Reimbursement Policy
Subject: Multiple Delivery Services		
Effective Date: 03/01/18	Committee Approval Obtained: 03/08/17	Section: Surgery
<p>*****The most current version of our 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/ia.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Amerigroup Iowa, Inc. if the service is covered by a member's Amerigroup 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 both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 strives to minimize these variations.</p> <p>Amerigroup 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.</p>		
Policy	<p>Amerigroup 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 professional reimbursement, the following should be billed with Modifier 22:</p> <ul style="list-style-type: none"> • Vaginal or cesarean deliveries involved in multiple births • Multiple deliveries performed using a same-delivery or combined-delivery method 	

	Multiple procedure guidelines will not apply. Please see Modifier 22 Reimbursement Policy for more information.
History	<ul style="list-style-type: none"> Initial review approved and effective 12/15/17
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> CMS State Medicaid State contract
Definitions	<ul style="list-style-type: none"> General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> 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
Related Materials	<ul style="list-style-type: none"> None