

# Medical Coverage Policies

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## Multiple Gestation Delivery

<b>EFFECTIVE DATE</b>	04/28/2006	<b>LAST UPDATED</b>	10/02/2007
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### Description:

Delivery services include admission to the hospital, the admission history and physical examination, management of uncomplicated labor, vaginal delivery (with or without episiotomy and/or forceps), or Cesarean delivery.<sup>1</sup>

The incidence of multiple gestation pregnancy is increasing steadily largely due to the availability of assisted reproductive technologies.<sup>2</sup>

### Medical Criteria:

Not applicable as this is a reimbursement policy

### Policy:

Coding/reimbursement of multiple gestation deliveries depend upon the method of delivery. Multiple surgery reduction rules will apply.

Note: If global maternity services were not provided, please code for delivery only services when applicable.

For both Vaginal Deliveries:

Report either 59400 or 59610 for twin A, and either 59409-59 or 59612-59 for twin B (and subsequent multiples).

For one Vaginal and one Cesarean delivery:

Report either 59510 or 59618 for twin B, and 59409-59 or 59612-59 for twin A (and subsequent multiples).

Cesarean Sections:

Report either 59510 or 59618. A modifier-22 to the global code can be added if the Cesarean was significantly more difficult.

### Coverage:

Benefits may vary by groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rite Care contract for applicable pregnancy services and nursery care benefits/coverage..

### Coding:

**59400**

**59409**

**59510**

**59610**

**59612**

**59618**

### References:

American College of Obstetrics and Gynecologists, Frequently Asked Questions in Obstetric and Gynecologic Coding, 2003.

<sup>1</sup>American Medical Association, CPT 2007, Professional Edition. Surgery: Maternity Care and Delivery definition.

<sup>2</sup>Barrett, JF, Ritchie, WK, "Twin Delivery", Best Practices Research Clinical Obstetric and Gynecology, 2002, Feb; 16 1 43-56.

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