IMPORTANT!

Molina Provider News:

Professional Cesarean Section Reimbursement Guidelines – Effective 09/01/21

Policy Overview

Molina Healthcare of Florida ("Molina") encourages safe deliveries and aims to reduce the number of unnecessary primary cesarean sections, thereby improving maternal and infant health outcomes. This policy ensures cesarean delivery is only recommended in medically indicated cases and adjusts reimbursement for elective, non-medically indicated primary cesarean sections.

Per the American Congress of Obstetricians and Gynecologists (ACOG) – "*Given the balance of risks and benefits, the Committee on Obstetric Practice believes that in the absence of maternal or fetal indications for cesarean delivery, a plan for vaginal delivery is safe and appropriate and should be recommended to patients*."

If a cesarean delivery code (CPT 59510, 59514, 59515, 59618, 59620, and 59622) is submitted without an appropriate diagnosis code, the cesarean delivery is considered elective. Cesarean deliveries that are performed electively and without medical necessity will be reimbursed at a reduced rate comparable to the vaginal delivery rate. Cesarean delivery codes submitted with an appropriate ICD-10 diagnosis code, in any position, will be reimbursed at the full allowable amount. Billing requirements with the list of ICD-10 diagnosis codes will be posted on Molina's website.

This policy applies only to the professional component of cesarean delivery claims.

Process

When a cesarean delivery code is submitted to Molina, Molina's claims processing system will analyze the diagnosis codes submitted on the claim for medical necessity. If a cesarean delivery code is submitted without a medically indicated diagnosis code, the payment will be reduced to 80% of the cesarean allowable amount. This reduction represents the average cost differential between a cesarean delivery and vaginal delivery professional claim. Molina utilizes a list of diagnosis codes developed by medical professionals to determine what is classified as a medically necessary cesarean section.

If a provider disagrees with how the claim was adjusted, the provider may go through the appeals process and must submit clinical records that substantiate the medical necessity of the C-section.

A cesarean birth is the delivery of the baby through incisions in the mother's abdomen and uterus. The American Medical Association (AMA), Current Procedural Terminology (CPT®) book defines cesarean delivery codes as:

59510	59514	59515	59618	59620	59622

Molina Healthcare of Florida reimburses these cesarean delivery codes when submitted with an appropriate ICD-10 diagnosis code, from the defined list, in any position. Cesarean deliveries that are performed electively and do not include a high-risk diagnosis will not be denied, but payment will be reduced to 80% of the cesarean allowable amount. The ICD-10 diagnosis code list, within this policy, was defined by the Joint Commission National Quality Measures.

Medically Necessary Diagnosis Codes & Descriptions

The exact list of medically necessary ICD-10 diagnosis codes with their respective descriptions can be found on the Molina website located at: https://www.molinahealthcare.com/providers/fl/medicaid/comm/training.aspx.

Additional Resources

- **Publications and services of the American Congress of Obstetricians and Gynecologists (ACOG)**
- **Joint Commission National Quality Measures**
- **Current Procedural Terminology (CPT®)**

If you have questions, please contact Molina Healthcare at: 855-322-4076

Thank you for your continued care to our members!

Molina Healthcare of Florida