The following information is applicable to member contracts with maternity benefits. When submitting claims for multiple births, Blue Cross Blue Shield of Texas recommends that delivery charges for all infants be filed on the same claim. Please indicate on the claim to which infant each charge applies.

<table>
<thead>
<tr>
<th>Delivery Method</th>
<th>Procedures Eligible for Reimbursement</th>
<th>Coding / Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal:</td>
<td></td>
<td></td>
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</tbody>
</table>
| First Infant                   | 59400, 59409, 59410, 59610, 59612, or 59614 | • Use the appropriate vaginal delivery code (usually 59400 or 59610) for the first infant.  
  • The primary procedure will be allowed at 100% of the contracted rate, subject to the member’s contract benefits. |
| Subsequent Infant(s)           | 59409 or 59612                         | • Use the appropriate vaginal *delivery only* code for each subsequent infant.  
  • The secondary procedure will be allowed at 50% of the contracted rate for each infant, subject to the member’s contract benefits. |
| Cesarean:                      |                                       |                                                                                        |
| First Infant                   | 59510, 59514, 59515, 59618, 59620, or 59622 | • Use the appropriate cesarean delivery code (usually 59510 or 59618) for the first delivery.  
  • The primary procedure will be allowed at 100% of the contracted rate, subject to the member’s contract benefits. |
| Subsequent Infant(s)           | 59514 or 59620                         | • Use the appropriate cesarean *delivery only* code for each subsequent infant.  
  • The secondary procedure will be allowed at 50% of the contracted rate for each infant, subject to the member’s contract benefits. |
| Vaginal delivery(ies) followed by Cesarean delivery(ies) |                                   |                                                                                        |
| First Infant(s)                | 59409 or 59612                         | • Use the appropriate vaginal *delivery only* code for each infant delivered.  
  • The vaginal delivery will be considered a secondary procedure and will be allowed at 50% of the contracted rate for each infant, subject to the member’s contract benefits. |
| Subsequent Infant(s)           | 59510, 59514, 59515, 59618, 59620, or 59622 | • If one or more infants are delivered vaginally and subsequent infant(s) are delivered by cesarean, use the appropriate cesarean delivery code (usually 59510 or 59618) for the first cesarean delivery and the appropriate cesarean *delivery-only* code (59514 or 59620) for each subsequent infant.  
  • The primary procedure will be allowed at 100% of the contracted rate, subject to the member’s contract benefits.  
  • The secondary procedure(s) will be allowed at 50% of the contracted rate for each infant, subject to the member’s contract benefits. |

**Assistant Surgeon Charges**

When billing Assistant Surgeon charges use the appropriate modifier(s) for each delivery. Assistant Surgeons should not bill for global maternity services. Instead, the appropriate vaginal or cesarean *delivery only* codes should be used when submitting claims.

Assistant Surgeon reimbursement will be a percentage of the primary physician’s contracted rate, subject to the member’s contract benefits.