



Aetna Better Health® of Louisiana

| Reimbursement Policy Statement Louisiana Medicaid |                |                    |                |
|---------------------------------------------------|----------------|--------------------|----------------|
| Original Issue Date                               |                | Next Annual Review | Effective Date |
| 10/01/2026                                        |                |                    | 10/01/2026     |
| Policy Name                                       |                |                    | Policy Number  |
| Multiple Gestation Diagnoses                      |                |                    | ABHLA-RP -0008 |
| Policy Type                                       |                |                    |                |
| Medical                                           | Administrative | Pharmacy           | Reimbursement  |

Aetna Better Health of Louisiana implements comprehensive and robust policies and procedures to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met.

Aetna Better Health of Louisiana administrative policies & procedures are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions within Aetna Better Health of Louisiana.

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## A. Policy

This policy is provided as a guide to medical coding and editing guidelines for reporting services provided for complications within maternal care, labor and/ or delivery of multiple gestation pregnancies. This guidance aligns with International Statistical Classification of Diseases (ICD-10) correct coding guidelines for reporting of diagnoses codes related to multiple gestation complications.

## B. Overview

This policy outlines the coding and editing guidelines for reporting complications within multiple gestation care, labor and/ or delivery that align with ICD-10 coding guidelines.

## C. Definitions

| Term                                                          | Definition                                                                                                                                                                                                                                                |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aetna Better Health of Louisiana (ABHLA)                      | A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Louisiana Medicaid program.                                                                                           |
| International Statistical Classification of Diseases (ICD-10) | The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases. |

## D. Reimbursement Guidelines

ABH LA will only reimburse for procedures/ services related to complications of multiple gestations when

- A diagnosis code is reported that represents the specific multiple gestation complication/ care provided -and-
- A diagnosis code is also reported on the same claim that describes the multiple gestation
  - a) Multiple gestations are reported using the applicable code from the O30.XXX ICD-10 code category

Claims that are submitted for services related to care/ complications for multiple gestations will be denied when the requirements listed above are not met. The medical record documentation is expected to support all diagnosis codes reported.

## E. Codes/Condition of Coverage

ICD-10 Diagnosis Codes - Multiple Gestation

|         |                      |
|---------|----------------------|
| O30.0XX | Twin pregnancy       |
| O30.1XX | Triplet pregnancy    |
| O30.2XX | Quadruplet pregnancy |



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|                                                               |                                                                                            |            |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------|
| O30.8XX                                                       | Other specified multiple gestation (multiple gestation pregnancy greater than quadruplets) | Twin pregn |
| O30.9X                                                        | Multiple gestation, unspecified                                                            |            |
| ICD-10 Diagnosis Codes- Multiple Gestation Complication/ Care |                                                                                            |            |
| O31.XXX1 –<br>O31.XXX9                                        | Complications specific to multiple gestation                                               |            |
| O32.XXX1 –<br>O32.XXX9                                        | Maternal care for malpresentation of fetus                                                 |            |
| O33.3XX1-<br>O33.3XX9                                         | Maternal care for disproportion due to outlet contraction of pelvis                        |            |
| O33.4XX1-<br>O33.4XX9                                         | Maternal care for disproportion of mixed maternal and fetal origin                         |            |
| O33.5XX1-<br>O33.5XX9                                         | Maternal care for disproportion due to unusually large fetus                               |            |
| O33.6XX1-<br>O33.6XX9                                         | Maternal care for disproportion due to hydrocephalic fetus                                 |            |
| O33.7XX1-<br>O33.7XX9                                         | Maternal care for disproportion due to other fetal deformities                             |            |
| O35.XXX1-<br>O35.XXX9                                         | Maternal care for known or suspected fetal abnormality and damage                          |            |
| O36.XXX1-<br>O36.XXX9                                         | Maternal care for other fetal problems                                                     |            |
| O40.XXX1-<br>O40.XXX9                                         | Polyhydramnios                                                                             |            |
| O41.XXX1-<br>O41.XXX9                                         | Other disorders of amniotic fluid and membranes                                            |            |
| O60.1XX1-<br>O60.1XX9                                         | Preterm labor with preterm delivery                                                        |            |
| O60.2XX1-<br>O60.2XX9                                         | Term delivery with preterm labor                                                           |            |
| O63.2                                                         | Delayed delivery of second twin, triplet, etc.                                             |            |
| O64.XXX1-<br>O64.XXX9                                         | Obstructed labor due to malposition and malpresentation of fetus                           |            |
| O69.XXX1-<br>O69.XXX9                                         | Labor and delivery complicated by umbilical cord complications                             |            |

## F. Frequently Asked Questions

N/A

## G. Review/Revision Date

| Action | Date | Comments |
|--------|------|----------|
|--------|------|----------|



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|                |            |  |
|----------------|------------|--|
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#### H. Resources

1. American Medical Association. *ICD-10-CM 2026 the Complete Official Codebook*; 2025.