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Cesarean Delivery

Adjudication Guideline

Table of content

Abstract	Scope	Adjudication Policy	Denial codes	Appendices
Page 1	Page 2	Page 2	Page 3	Page 3

Abstract

For Members:

Caesarean delivery is defined as the delivery of a fetus through surgical incisions made through the abdominal wall (laparotomy) and the uterine wall (hysterotomy).

Caesarean delivery also known as c-section, is a major abdominal surgery involving two incisions (cuts): One is an incision through the abdominal wall, and the second is an incision involving the uterus to deliver the baby.

For Medical Professionals:

This adjudication Rule of Cesarean delivery outlines:

- The coverage for Cesarean delivery.
- Eligible candidates for Vaginal birth after Cesarean.
- When the trial of labor should not be attempted.
- Scar of the previous Cesarean.
- Complications obscuring delivery such as, but not limited to, Morbid Obesity.

Approved by:

Daman

Responsible:

Medical Standards & Research

Related Adjudication

Guidelines:

None

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Scope:

The scope of this adjudication rule highlights the medical and billing coverage of Cesarean section delivery for all health insurance plans administered by Daman subject to the schedule of benefit terms /conditions and based on the medical necessity as per the listed below criteria.

Adjudication Policy

Eligibility / Coverage Criteria

1. Criteria for Vaginal Birth After Cesarean Candidates:

1.1 Candidates for trial of labor:

- One or two prior low-transverse caesarean deliveries.
- Clinically adequate pelvis.
- No other uterine scars or previous rupture.
- Physician immediately available throughout active labor, capable of monitoring labor and performing emergency caesarean delivery.
- Availability of anesthesia and personnel for emergency caesarean delivery.

1.2 Circumstances under which a trial of labor should not be attempted:

- Prior classic or T-shaped incision or other transfundal uterine surgery.
- Contracted pelvis.
- Medical or obstetric complication that precludes vaginal delivery.
- Inability to perform emergency caesarean delivery because of unavailable surgeon, anesthesia, enough staff, or facility.

1.3 Scar from previous delivery alone and no other complications:

- Scar thickness should be clearly documented in millimetre for 2 or less previous transvers Caesarean delivery.
- A clearly documented Trial of labor after caesarean failure.

2. Morbid Obesity complicating pregnancy:

- Morbid Obesity with BMI 40 and above

3. Eligible Clinician:

Eligible Clinician

Obstetrics & Gynaecology

Requirements for Coverage:

1. The Questionnaire ([LINK HERE](#)) must be filled and submit the required documents for preauthorization request for Cesarean Delivery.
2. ICD and CPT codes must be coded to the highest level of specificity.
3. Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.
4. Cesarean Delivery will be covered only for medical necessity.

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Non-Coverage:

1. Caesarean is not covered for visitor plan.
2. Elective Caesarean section requested by the patient is not medically justified.
3. Caesarean will not be covered if TOLAC is not attempted unless if its contraindicated and if TOLAC has failed.

Payment and Coding Rules

Kindly apply DOH payment rules and regulations and relevant coding manuals for ICD, CPT.

Denial codes

Code description
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Service /supply may be appropriate, but too frequent
Service(s) is (are) not covered
Payment is included in allowance for another service
Submission not complaint with contractual agreement between provider & payer
Activity/diagnosis inconsistent with clinician specialty

Appendices

A. Additional information

Questionnaire (to be filled and submitted with the pre-authorization request):

<https://www.damanhealth.ae/main/pdf/support/Questionnaire/CaesareanQuestionnaire.pdf>

Cesarean Questionnaire

- Patient card number: _____
- Patient age: _____
- Patient contact no: _____
- Provider name: _____
- Prescribing physician specialty: _____

1. Please specify the no of birth and pregnancies in the format of GxPy:

2. Reason for Cesarean and provide the documents to justify:

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3. History of Previous Caesarean or Vaginal Delivery, if yes please specify the no of Vaginal or Caesarean deliveries with date, month and year below:

- No of Vaginal delivery:
 - a. 1, DD/MM/YY: _____
 - b. 2, DD/MM/YY: _____
 - c. 3, DD/MM/YY: _____
 - d. 4, DD/MM/YY: _____
 - e. 5, DD/MM/YY: _____
- No of Caesarean delivery:
 - a. 1, DD/MM/YY: _____
 - b. 2, DD/MM/YY: _____
 - c. 3, DD/MM/YY: _____
 - d. 4, DD/MM/YY: _____
 - e. 5, DD/MM/YY: _____
- Caesarean scar, kindly select as below:
 - a. Low transverse
 - b. Classic
 - c. T shaped
 - d. Other, kindly specify: _____
- Previous Caesarean Scar thickness: _____

4. Additional Information: _____

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C. Revision History

Date	Change(s)
12/08/2019	Release of V1.0
10/01/2023	Questionnaire link update

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