

# Caesarean Delivery

## Adjudication Guideline

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## 1. Abstract

### 1.1 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, it 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.

### 1.2 For Medical Professionals

This Adjudication Rule of Caesarean delivery outlines:

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

## 2. Scope

The scope of this adjudication rule highlights the medical and billing coverage of Caesarean 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.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

#### Indications of Caesarean:

- Placenta previa when medically necessary.
- Placenta accreta spectrum /abnormal placentation.
- Antepartum haemorrhage/placental abruption.
- Cephalopelvic disproportion/contracted pelvis /pelvis inadequate for vaginal birth.
- Abnormal fetal position/malpresentation including breech or transverse lie.
- Labor arrest/failure to progress, standardized criteria met.
- Non-reassuring fetal status / fetal compromise.

- Cord prolapse.
- Suspected uterine rupture/scar complication.
- Failed induction.
- Previous caesarean with VBAC/TOLAC contraindication.
- Failed VBAC/TOLAC.
- Severe maternal complication, including pre-eclampsia when clinically significant.
- Multiple pregnancy/other high-risk obstetric indication

Note: Given the high repeat caesarean delivery rate, patients should be informed that the risks of placenta previa, placenta accreta spectrum, and gravid hysterectomy increase with each subsequent caesarean delivery

### **Criteria for Vaginal Birth After Caesarean Candidates:**

#### **Candidates for trial of labour:**

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

#### **Circumstances under which a trial of labour should not be attempted:**

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

#### **Scar from previous delivery alone and no other complications:**

- Scar thickness should be clearly documented in millimetre for 2 or less previous transverse Caesarean deliveries.
- A clearly documented trial of labour after caesarean failure.
- Morbid Obesity complicating pregnancy with BMI 40 and above.

### **Recommended Treatment Guidelines and Patient Journey:**

1. Identify every patient with a previous cesarean early in antenatal care and include mode-of-delivery planning in the birth plan discussion.
2. Discuss VBAC with the patient whenever it is clinically appropriate.
3. Review previous cesarean history, current pregnancy risk factors, and whether any standardized cesarean indication already exists.
4. If there is no supported contraindication and VBAC is clinically appropriate, keep the patient on the VBAC/TOLAC pathway with documentation of counselling, risks, benefits, and alternatives.
5. If VBAC is contraindicated, not clinically appropriate, or the patient chooses planned cesarean after counselling, move to the planned cesarean pathway.
6. Before a non-emergency primary cesarean in a low-risk pregnancy, obtain consultant obstetric review, or document why that review was not feasible.
7. At the time of cesarean decision, document the exact evidence-based indication, the clinical findings supporting it, and confirm that standardized definitions were met.
8. Record urgency using the standardized Category 1–4 classification.
9. Document that risks, benefits, alternatives, and future pregnancy implications were discussed with the patient.

After delivery, assign the Robson classification and include the case in audit and monitoring processes.

### **3.2 Requirements for Coverage**

- Submit the required documents for preauthorization request for Caesarean Delivery.
- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.
- Caesarean Delivery will be covered only for medical necessity.

### 3.3 Non-Coverage

- Caesarean is not covered for visitor plan.
- Elective Caesarean section requested by the patient is not medically justified, if falling outside regulator defined criteria.
- Caesarean will not be covered if TOLAC is not attempted unless if its contraindicated and if TOLAC has failed.

### 3.4 Payment and Coding Rules

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

## 4. Denial Codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
CLAI-012	Submission not complaint with contractual agreement between provider & payer
NCOV-003	Service(s) is (are) not covered
PRCE-002	Payment is included in allowance for another service
CDOE-010	Activity/diagnosis inconsistent with clinician specialty

## 5. Appendices

### 5.1 References

- <https://www.nice.org.uk/guidance/ng192>
- <https://www.doh.gov.ae/-/media/A3CF7597ABC94300AA0425B63A267051.ashx>
- <https://www.rcog.org.uk/for-the-public/browse-our-patient-information/considering-a-caesarean-birth/>
- <https://www.acog.org/womens-health/faqs/cesarean-birth>
- <https://ranzcof.edu.au/wp-content/uploads/Caesarean-Section.pdf>
- <https://www.ncbi.nlm.nih.gov/books/NBK546707/>

### 5.2 Revision History

Date	Change(s)
12/08/2019	Release of V1.0
10/01/2023	Release of V1.1 Questionnaire link update
31/12/2024	Release of V2.0
16/06/2026	Release of V3.0 Updated Eligibility Section

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