

## Obstetrics Services - Special Edition

Coding for OB services can be complicated; per the CPT® guidelines the global OB package includes *uncomplicated* care to the patient in the antepartum period, delivery and postpartum period.

If a pregnancy is confirmed during a visit, the visit is reported with an Evaluation and Management code (99201-99215) with diagnosis code Z32.01 (encounter for pregnancy test, result positive). The level of service is determined by the key components; history, exam and MDM. The OB Episode should be started at a separate visit.

The first OB visit should include creating the OB Episode. The following services are **inclusive** to the global OB package:

- Obtaining the patient history (including the initial history and any subsequent history)
- The exam including vital signs and fetal heart tones  
Checking the urine for protein and glucose
- Monthly visits up to 28 weeks gestation
- Bi-weekly visits up to 36 weeks gestation
- Weekly visits up to delivery
- Average number of antepartum visits 10-13. More than 13 visits are separately billable if a separate diagnosis code is added such as twin, hypertension in pregnancy, diabetes, etc.

The following services can occur during the antepartum period and are **not included** in the global OB package and may be **coded** separately.

- Complications of the pregnancy (Add modifier 24)
- Evaluation and management (E/M) services for problems unrelated to the pregnancy (Add modifier 24)
- Lab tests performed outside of urine dipstick, including venipuncture
- Surgical complications or other problems related to the pregnancy
- Advanced genetic testing: Amniocentesis, Chronic villous sampling, Cordocentesis
- Fetal non-stress testing and Contraction stress tests
- Ultrasounds: OB ultrasounds, Fetal biophysical profile and echocardiogram
- RH immune globulin administration
- Insertion of cervical dilator by the physician on a calendar day prior to delivery (CPT 59200)
- External cephalic version
- Administration of anesthesia such as an epidural

Global delivery codes are listed in the table below:

Delivery CPT Codes	Billing Code Descriptors
59410	Routine obstetric care including antepartum care, <i>vaginal delivery</i> (with or without episiotomy, and/or forceps) and postpartum care.
59510	Routine obstetric care including antepartum care, <i>cesarean delivery</i> , and postpartum care.
59610	Routine obstetric care including antepartum care, <i>vaginal delivery</i> (with or without episiotomy, and/or forceps) and postpartum care, <i>after previous cesarean delivery</i> .
59618	Routine obstetric care including antepartum care, <i>cesarean delivery</i> , and postpartum care, following <i>attempted</i> vaginal delivery after previous cesarean delivery.

CPT considers the repair of a **first- or second-degree spontaneous vaginal or perineal laceration** an inherent part of the delivery code and not to be separately reported.

**Repair of third- or fourth-degree lacerations** at the time of delivery may be reported using codes from CPT integumentary section code; (e.g., 12041-12047 or 13131-13133) based on the size and complexity of the repair. A third- or fourth-degree laceration or a cervix laceration repair can be considered separately identifiable and reported separate from the global delivery code.

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### Hospital Admission Prior to Delivery

The length of time between when a patient presents to the hospital and when she delivers may vary. Hospital or observation care for the management of uncomplicated labor is part of the delivery service when the delivery occurs at the same episode of care. The hospital admission is included in the global package and any E/M service provided on the calendar day prior to delivery and/or calendar day of delivery.

**Example:** A patient is admitted to the hospital but doesn't deliver until the third day. Day one and two are included with the delivery on day three.

### Complications of Pregnancy, Unrelated Issues

If a patient develops complications of pregnancy or the provider treats the patient for an unrelated problem, these E/M visits are excluded from the maternity global package and can be reported separately. Link the appropriate problem related diagnosis code to the E/M with **pregnant state, incidental (Z33.1)** listed as the **secondary** diagnosis. Append modifier 24 (*Unrelated evaluation and management service by the same physician during the global period*) to all E/M services that address the pregnancy complications or unrelated issues. Modifier 24 is needed to alert the carrier that the E/M service(s) is unrelated to the global OB package.

**Example:** An established patient at 22-weeks gestation is admitted to hospital observation with pre-term labor. The patient's OB/GYN visits the patient in observation and performs a comprehensive history, comprehensive exam, and medical decision making of moderate complexity. The next day, the OB/GYN returns and determines the patient has improved. The patient is discharged from observation care with orders to follow up in the OB/GYN's office in one week. Correct coding for these encounters:

**Day 1:** **99219-24 Initial observation care**, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and medical decision making of moderate complexity.

**Day 2:** **99217-24 Observation care discharge day management** (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status.")

**Remember:** The global maternity package includes uncomplicated care. Because this patient was diagnosed with pre-term labor and admitted to observation, this is not uncomplicated care and, thus, it is separately reportable with the observation E/M codes. Modifier 24 is needed to indicate these encounters are unrelated to the global maternity package.

### Coding for Services Outside of the Global Package

When coding for E/M services during the global package that are not related to the pregnancy (i.e. management of problems unrelated to pregnancy – hypertension, gestational diabetes, obesity) select the appropriate level of E/M services based on the level of documentation in addition to the scheduled routine OB visit. Append modifier 24 to the E/M services to indicate that it is separate from the global service. If a procedure is performed during the visit, append 24 & 25 modifiers to indicate that the E/M is separate from the procedure that day. Link the appropriate problem related diagnosis code to the E/M with **pregnant state, incidental (Z33.1)** listed as the **secondary** diagnosis.

### **Example #1**

A patient was admitted to the hospital and was treated for two days with misoprostol and a Cook catheter to ripen the cervix for induction of labor. The Maternity Care and Delivery section guidelines in CPT states: "Medical complications of pregnancy (e.g., cardiac problems, neurological problems, diabetes, hypertension, toxemia, hyperemesis, preterm labor, premature rupture of membranes, trauma) and medical problems complicating labor and delivery management may require additional resources and may be reported separately."

CPT code **59200, Insertion of cervical dilator (e.g., laminaria, prostaglandin) (separate procedure)**, is appropriate in this case to report the placement of misoprostol for cervical dilation or ripening. The lay description for this code states that CPT code **59200** is to be used to report chemical stimulation and dilation of the cervical canal.

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If this service was performed one day or more prior to delivery, it can be reported separately. If this service was performed on the same day as a delivery, it is considered part of the global obstetric package and not reported separately.

### Example #2

A patient presents for a postpartum visit. She informs the provider that she is depressed and has had occasional thoughts of self-harming. The provider reviews the patient's history, performs an exam, prescribes antidepressant medication, and refers the patient to a psychologist. The staff at the provider office schedules the patient's appointment with the psychologist. The proper coding for this encounter:

**CPT®: 99214-24 (in addition to the postpartum visit)** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity

**ICD-10: F53.0** Postpartum depression

### Example #3

A patient presents for her postpartum visit and decides she wants to discuss birth control options. The provider reviews intrauterine device (IUD). The provider places the IUD during the encounter or orders the device and schedules an appointment for the patient to return to the office for insertion. Additional codes to assign on this claim, outside of postpartum codes, are:

**CPT®: 58300-79** Insertion of intrauterine device (IUD); unrelated procedure or service during a postoperative period.

**ICD-10: Z30.09** Encounter for other general counseling and advice on contraception and **Z30.014** Encounter for initial prescription of intrauterine contraceptive device

### **Billing for NST Separately Billable**

NST's should have a diagnosis to support the need for the procedure. These services are reported with codes 59025 (Fetal non-stress test) or 59020 (Fetal contraction stress test). They are distinct tests with a start, middle, and end.

Per the ACOG Coding Committee, the following is a brief description of CPT code 59025 (Fetal NST):

*"The patient reports fetal movement as an external monitor records fetal heart rate changes. The procedure is noninvasive and typically takes 20 to 40 minutes to perform. However, if a reassuring test is achieved within the first 10 minutes or less, the patient does not have to be monitored for the additional time.*

*CPT code 59025 can be conducted as many times as medically necessary. For patients with conditions complicating pregnancy, 59025 is typically performed weekly beginning in the mid to latter part of the third trimester and continuing until delivery. The non-stress test may be the primary means of fetal surveillance for many high-risk pregnancies. Proper diagnostic reporting to justify the medical necessity and documentation is important to ensure appropriate reimbursement."*

### **Obstetric Services – Special Edition 2**

- Breaking the Global
- Antepartum / Postpartum / Delivery Only
- Postpartum vs. Post-Op 99024
- Assist at Surgery
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#### **Resources:**

<https://www.aapc.com/blog/25857-from-antepartum-to-postpartum-get-the-cpt-ob-basics/>

[http://www.hcpro.com/content.cfm?content\\_id=305393](http://www.hcpro.com/content.cfm?content_id=305393)

<https://www.aapc.com/blog/47295-correct-common-ob-gyn-coding-mistakes/>

<https://www.acog.org/About-ACOG/ACOG-Departments/Coding/Coding-Question-of-the-Month-November-2019>

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