OB Coding –
The Global Package & Beyond

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You Will Learn

- How to code for routine pregnancy services
- What services are billable outside the OB global package
- How documentation is required to look to support routine care

LIKE FAMILY™
Before Pregnancy
….aka Preconception Care

- Preconception care consists of identifying those conditions that could affect a future pregnancy, and that may be amenable to intervention.
- Dx code V26.49: Other procreative management, counseling and advice
- CPT code 99401-99404

Pregnancy – But Before OB Global

- How to bill for encounter to diagnose pregnancy
  - Patient presents with symptoms
  - Patient calls with (+) home pregnancy test
Example Office Note

• 25yo, sexually active, SWF, here with CC of nausea x 3 weeks intermittently. Reports irreg menses and uses condoms for birth control. Denies fevers or emesis.

• Exam: (+) UPT, Pt pale, no acute distress, Pelvic exam: No CMT, Uterus about 6-8 weeks size

• Early pregnancy, unknown dates. Schedule transvaginal U/S. Rx for PNV faxed in.

Example Office Note

• 25 yo, sexually active, SWF called earlier today with (+) home UPT last night. UPT in the office today was also (+). Pt reports irreg menses with ? LMP. Discussed with MD and he suggests that the pt be scheduled for an U/S later this week and start on a PNV. Pt in agreement with POC.

• Note signed by medical assistant.
Example Office Notes

• 25 yo, sexually active, SWF called earlier today stating that she had (+) home UPT last night. Per MD’s POC on date XYZ, the pt presents for a UPT and pregnancy counseling today under the direct supervision of MD. Test here was also (+). Discussed with pt diet changes, exercise limits, s/s to call office, reviewed early s/s of normal pregnancy. Pt reports irreg menses with ? LMP. Discussed with MD and he suggests that the pt be scheduled for an U/S later this week and start on a PNV. Pt in agreement with POC.

Pregnancy Test Codes

• Dx Codes
  – V72.40: Pregnancy examination or test, pregnancy unconfirmed (aka possible pregnancy, not confirmed yet)
  – V72.41: Pregnancy examination or test, negative result
  – V72.42: Pregnancy examination or test, positive result
During Pregnancy 
…aka Antepartum Care

• According to CPT®, maternity care and delivery are those services normally provided in uncomplicated maternity cases.
• CPT® also states that any other visits or services within this time period should be coded separately.

Antepartum Care

• CPT® guidelines list the following services in the antepartum care package:
  – Initial and Subsequent history and physical exams
  – Weight, blood pressure, fetal heart tones, routine chemical urinalysis
  – Monthly visits up to 28 weeks (5-6 visits)
  – Biweekly visits up to 36 weeks (4 visits)
  – Weekly visits until delivery (3-4 visits)
First OB Visit

• Who performs the first OB?
• Visit dominated by history and counseling
  – Consider billing based on time.
    • Total time of face-to-face encounter
    • Total time spent in counseling and/or coordinating care
    • Brief description regarding the items discussed or activities of coordinating care

Excluded Antepartum Services

• Conditions unrelated to the pregnancy
• Conditions related to the pregnancy
• Procedures
Excluded Antepartum Services

- Conditions not related to the pregnancy.
  - UTI
  - URI
  - Vaginitis

Example Note

<table>
<thead>
<tr>
<th>Date</th>
<th>wks</th>
<th>FH cm</th>
<th>FM</th>
<th>FHR</th>
<th>S/S PTL</th>
<th>Urine</th>
<th>BP</th>
<th>Wt</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>2/10</td>
<td>24</td>
<td>24</td>
<td>+</td>
<td>+</td>
<td>Ø</td>
<td>neg</td>
<td>128/78</td>
<td>145</td>
<td>T 100.7 URI OTC meds, RTC 1 week</td>
</tr>
</tbody>
</table>

Like family™
Example Note

• Pt is 24 weeks here for routine OB check. Pt denies any vaginal bleeding or contractions. Reports (+) FM. Feeling tired at the end of the day. She also has some cold symptoms of nasal congestion and cough for the last 4 days and wants to know what she can take. Denies fever or sore throat.
• On exam, Fundal ht of 25 cm. BP 128/78, Wt 145, T.100.7, Neg ketones, No edema, HEENT: eyes clear and watery, Ears with fluid, but not red nor bulging, Nose swollen turbinates and clear discharge, Neck and nodes slight swollen and tender, LS clear, HR RRR
• 24 weeks gestation, S–D, No S/S of PTL, Viral URI
• Next OB check at 28 weeks, conservative treatment measures discussed. If symptoms persist or worsening after 4-5 days, to call back and will consider antibiotics. Pt is agreement with POC.

Excluded Antepartum Services

• Conditions related to the pregnancy
  – Preterm Labor (PTL)
  – Decreased Fetal Movement (FM)
  – Pre-eclampsia
  – Diabetes
  – Gestational diabetes
  – Hyperemesis
Excluded Antepartum Care

- PTL in first pregnancy + additional monitoring in current pregnancy = delivers at term ⇒ No additional visits billed
- PTL in first pregnancy + additional monitoring in current pregnancy = Pt develops PTL as evidenced by premature dilation and contractions, Pt put on bedrest ⇒ Additional visits billed

OB Flowsheet & Documentation

- History
  - Date
  - Weeks gestation
  - Fetal movement
  - S/S PTL
  - Pain

- Exam
  - BP, Wt
  - Ketones
  - Edema
  - Cervix exam
  - Fetal heart rate
  - Uterine size/Fundal ht
  - Fetal presentation
Excluded Antepartum Services

- Procedures
  - Non-stress test (NST)
  - Ultrasounds
  - Amniocentesis
  - Chorionic villus sampling (CVS)
  - Fetal biophysical profile
  - External cephalic version

Example Office Note

- Pt presents at 33 weeks with CC of decreased FM for the past week and hasn’t felt the baby move this morning. Denies abdominal pain or contractions, denies bleeding.
- BP 128/76, Wt 156, Fundal ht 34 cm, Abdomen soft, Able to palpate FM, but pt couldn’t feel. Placed on NST.
- Reactive NST, S-D, Pt to RTC next week for routine OB check. Instructed on kick counts. Much reassurance given.
OB Flowsheet

<table>
<thead>
<tr>
<th>Date</th>
<th>wks</th>
<th>FH cm</th>
<th>FM</th>
<th>FHR</th>
<th>S/S PTL</th>
<th>Cervix exam</th>
<th>BP</th>
<th>Wt</th>
<th>Urine</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>2/10</td>
<td>33</td>
<td>34 cm</td>
<td>↓</td>
<td>NST</td>
<td>Ø</td>
<td>n/a</td>
<td>128/76</td>
<td>156</td>
<td>Ø</td>
<td>(+) NST, RTC 1 week</td>
</tr>
</tbody>
</table>

NST Note

- According to CPT®, “Results are the technical component of a service. Testing leads to results; results lead to interpretation. Reports are the work product of the interpretation of test results.”
- Some procedures have a technical component (eg, tests) that produces results (eg, tracing, image), and these results require a professional component (interpretation of the results)
NST Tracing

Components of a NST

- Variability
  - Short term variability (STV)
  - Long term variability (LTV)
- Accelerations, decelerations
- Baseline variability (BL)
- Uterine activity

NST Procedure  Code 59025

Like family™
Ultrasounds

- Standardize reports and interpretations
- Practice guidelines through the AIUM (American Institute of Ultrasound in Medicine)
- Practice guidelines through ACOG (American College of Obstetricians and Gynecologists)

Ultrasounds

- Transabdominal
  - 76801: < 14 weeks
  - + 76802: each add’l gestation
  - 76805: ≥ 14 weeks
  - +76810: each add’l gestation
  - 76811: fetal and maternal evaluation plus detailed fetal anatomic exam
  - +76812: each add’l gestation
Ultrasounds

• Transabdominal
  – 76815: limited exam 1 or more fetuses
  – 76816: ‘follow-up’

• Transvaginal
  – 76817: only OB transvaginal ultrasound, doesn’t specify gestational age

• Transabdominal OR Transvaginal
  – 76813: fetal nuchal translucency
  – +76814: each add’l gestation

Like family™
Hospital Setting

- Inpatient
  - Initial Hospital Care (99221-99223)
  - Inpatient and/or Observation Same Day (99234-99236)
- Outpatient
  - Observation (99218-99220)
  - Inpatient and/or Observation Same Day

Hospital Inpatient

- Initial Hospital Codes (99221-99223)
  - Require face-to-face encounter in the hospital
  - Admitting from office
  - Patient presents to hospital and you admit via verbal order
- Need to use “AI” modifier (Medicare modifier)
- Do not report within 24 hours of delivery for established patients
### Initial Hospital Care Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>99221</th>
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<tbody>
<tr>
<td>History</td>
<td>Detailed</td>
<td>Comp</td>
<td>Comp</td>
</tr>
<tr>
<td>• HPI</td>
<td>4+</td>
<td>4+</td>
<td>4+</td>
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<tr>
<td>• ROS</td>
<td>2-9</td>
<td>10+</td>
<td>10+</td>
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<tr>
<td>• PFSH</td>
<td>2 areas</td>
<td>All 3</td>
<td>All 3</td>
</tr>
<tr>
<td>Exam</td>
<td>Detailed</td>
<td>Comp</td>
<td>Comp</td>
</tr>
<tr>
<td>1995 DG</td>
<td>2-7</td>
<td>8+ organs</td>
<td>8+ organs</td>
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<tr>
<td>MDM</td>
<td>SF to Low</td>
<td>Moderate</td>
<td>High</td>
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<tr>
<td>Time</td>
<td>30 Min</td>
<td>50 Min</td>
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### Observation Care

<table>
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<td>Comp</td>
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</tr>
<tr>
<td>• HPI</td>
<td>4+</td>
<td>4+</td>
<td>4+</td>
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<tr>
<td>• ROS</td>
<td>2-9</td>
<td>10+</td>
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<td>• PFSH</td>
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<tr>
<td>Exam</td>
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Observation Care – Same Day

<table>
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<tr>
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<tr>
<td>• ROS</td>
<td>2-9</td>
<td>10+</td>
<td>10+</td>
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<tr>
<td>• PFSH</td>
<td>2 areas</td>
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<tr>
<td>Exam</td>
<td>Detailed</td>
<td>Comp</td>
<td>Comp</td>
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<tr>
<td>1995 DG</td>
<td>2-7</td>
<td>8+ organs</td>
<td>8+ organs</td>
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<tr>
<td>MDM</td>
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Same Calendar Day

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<tr>
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<th>Inpatient Care</th>
<th>Outpatient Care</th>
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<tbody>
<tr>
<td>&lt; 8 hours 99221-99223</td>
<td>&gt;8 hours 99234-99236</td>
<td>Day 1: 99221-99223  Day 2: 99238-99239</td>
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<tr>
<td>Ø Discharge code</td>
<td>Provider must see twice</td>
<td>Day 1: 99221-99223  Day 2: 99238-99239</td>
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Two Calendar Days

<table>
<thead>
<tr>
<th>Observation Care</th>
<th>If the documentation doesn’t meet the lowest level of service, report 99499.</th>
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<tbody>
<tr>
<td>&lt; 8 hours 99218-99220</td>
<td>&gt;8 hours 99234-99236 Provider must see twice</td>
</tr>
</tbody>
</table>
After Pregnancy …aka Postpartum Care

- History
  - Feeding method
  - Bleeding
  - Birth control
  - GI/GU
  - Postpartum depression screen

- Exam
  - VS
  - Thyroid
  - Breasts
  - Abdomen
  - GU/Pelvic

Postpartum Example Note

- 29yo, G1P1 who delivered at 39 weeks presents for her 6 week postpartum. She had a NVD with 2nd degree epis. PP Hct was 11.9. She is breast feeding baby and denies breast/nipple problems. No GI/GU concerns. Her bleeding stopped just last week. She says that her bottom is feeling better, but thinks there still might be a stitch there. She has not had intercourse since delivery and plans to go on the mini pill.
Postpartum Example Note (cont)

• On exam, VSS, Thyroid not enlarged, Breasts normal to inspection, nipple pink, no palpation as she is getting close to a feeding. Abdomen doughy with hernia. Slight separation of diastasis recti. External genitalia atrophic, epis healed. There is a small stitch that was easily pulled out. Spec exam, vagina also slightly atrophic, Cervix pink. Bimanual, Uterus NSSC without adex fullness. RV confirms.

Postpartum Example note (cont)

• Assessment: 6 week postpartum doing well with no contraindications to starting on Micronor. Rx called in for 4 months. RTC for her yearly physical and pap. Will recheck HCT at that time. TCB as needed.
Postpartum Example note with CC

• 29yo, G1P1 who delivered at 39 weeks presents for her 6 week postpartum and complains that her bottom is sore. She had a NVD with 2nd degree epis. PP Hct was 11.9. She is breast feeding baby and denies breast/nipple problems. Her bleeding stopped just last week. She says that her bottom feels ‘tight’ and it itches. She is voiding OK, but it stings when the urine touches the perineum. She has not had intercourse since delivery and plans to go on the mini pill.

Postpartum Example note (cont)

• On exam, VSS, Thyroid not enlarged, Breasts normal to inspection, nipple pink, no palpation as she is getting close to a feeding. Abdomen doughy with hernia. Slight separation of diastasis recti. External genitalia atrophic, and beefy red, epis healed. Spec exam, vagina also slightly atrophic, Cervix pink. Wet prep obtained. Bimanual, Uterus NSSC without adex fullness. RV confirms.
Postpartum Note (cont.)

• Assessment. 6 week postpartum doing well with no contraindications to starting on Micronor. Rx called in for 4 months. Wet prep was personally interpreted and (+) for yeast. Yeast vaginitis. Rx given for Terazol 7. RTC for her yearly physical and pap. Will recheck HCT at that time. TCB as needed.

Excluded Postpartum Services

• Delayed postpartum hemorrhage
• Infection (i.e. UTI, URI, endometritis)
• Mastitis
  – Modifier 24 on the separate E/M during global whether inpatient or outpatient
OB Global Codes

- 59400: Vaginal delivery
- 59510: Primary C/S
- 59610: VBAC
- 59618: Failed VBAC, Repeat C/S

Global Delivery Services

- Admission H&P
- Induction of labor
- Insertion of cervical dilator on same day as delivery
- Simple removal of cerclage
- Management of uncomplicated labor
- Delivery (vaginal or cesarean)
  - Episiotomy, forceps or vacuum
  - ***IF 3rd or 4th degree repair then add modifier 22***
- Delivery of placenta
- Routine follow-up inpatient care
# Breakdown of OB Global

- Break down of code 59400
  - Antepartum 41%
  - Intrapartum 36%
    - This includes H&P and labor management
  - Vaginal delivery 15%
  - Postpartum 8%
    - This includes inpatient and outpatient visits.

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## Billing When Less Than the Global OB Package is Provided

- CPT E/M codes
  - antepartum care only; 1-3 visits
- CPT code 59425
  - antepartum care only; 4-6 visits
- CPT code 59426
  - antepartum care only; 7 or more visits
Billing When Less Than the Global OB

• Antepartum care only codes
  – 59525
  – 59426

• Delivery only codes
  – 59409 (vaginal delivery)
  – 59514 (cesarean delivery)
  – 59612 (VBAC)
  – 59620 (repeat cesarean delivery)

Billing When Less Than the Global OB

• Delivery plus postpartum care
  – 59410 (vaginal delivery and pp care)
  – 59515 (cesarean delivery and pp care)
  – 59614 (VBAC and pp care)
  – 59622 (repeat cesarean delivery and pp care)

• Postpartum care only
  – 59430
### Billing More Than the Global

#### Twins

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Baby</th>
<th>Code(s)</th>
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<tr>
<td>Vaginal Delivery</td>
<td>A</td>
<td>59400</td>
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<tr>
<td></td>
<td>B</td>
<td>59409-59</td>
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<tr>
<td>VBAC</td>
<td>A</td>
<td>59610</td>
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<tr>
<td></td>
<td>B</td>
<td>59612-59</td>
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<tr>
<td>Cesarean Delivery</td>
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</tr>
<tr>
<td>Repeat Cesarean Delivery</td>
<td>A&amp;B</td>
<td>59618-22</td>
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*Like family™*
Summary

- Global or not to Global
- Documentation, documentation, documentation

Resources

- cms.hhs.gov/Transmittals/downloads/R1466CP.pdf (Observation Care)
- Guidelines for Perinatal Care, ACOG publication
- ICD-9
- CPT
- NCCI Policy Manual for Medicare services