

Maternity Care Confirmation to Post Partum

Peggy Stilley, CPC, CPMA, CPC-I, COBGC, ACS-OB
peggy.stilley@aapcps.com



1

Objectives

This will cover the basic coding guidelines for Obstetrical coding in hopes of offering knowledge to new coders and reminders to seasoned coders that will empower them and boost confidence.

All information given is based on experience, training, available resources and author interpretation. Although every effort has been made to research, verify, check and recheck all information provided, the author is neither liable nor responsible with regards to errors, omissions, or misinterpretation.

2

Obstetrical Global Package

- CPT® describes all services that are provided in a *non-complicated* case; including the ante-partum care, delivery, and postpartum care.
- Carriers do not always follow CPT® or ACOG guidelines – it is vital for you to check with your provider representatives to verify what services are covered and included.

3

Pregnancy Confirmation

What can you bill for:

May be able to bill E/M for the confirmation (low level)

May be able to bill limited US (some payers consider this the start of global)

Pregnancy test if done

May not start the prenatal record

- Patient presents with symptoms
- Patient presents with + UCG
- Patient comes in for preventive exam, found to be pregnant – bill prevent and E/M-25
- V72.42

4

Ante-partum Services included in Global

- Initial and/or subsequent history and physical exams
- Blood pressure, weight, fetal heart tones, routine urine dips
- Monthly visits up to 28 weeks (5-6)
- Bi-weekly visits from 28–36 weeks(4)
- Weekly visits from 36 weeks to delivery (4)

13-15 PN visits are considered global care

5

Delivery Services

- Admission to the hospital
- Management of uncomplicated delivery
- Vaginal delivery/ Cesarean Delivery
- Episiotomy and repair
- Forceps / Vacuum delivery
- Delivery of placenta (including manual)

ACOG states that induction (unless IV is started and monitored by the physician personally), insertion of dilators, and simple removal of cerclage, are included in the delivery services

- Postpartum care in patient and 6 weeks out

6

Global Package Codes

- 59400 Routine OB care including ante-partum care, vaginal delivery with or w/o episiotomy, forceps, and routine postpartum care
- 59510 Routine care with cesarean delivery
- 59610 Routine care with vaginal delivery, following a previous cesarean delivery
- 59618 Routine care with cesarean delivery after attempted vaginal delivery, following a previous cesarean

Each method of delivery has a sub-set of codes for portions of care: delivery only, delivery with post partum

7

What if it's not Global

- Patient transfers into your practice
- Patient changes insurance companies during the pregnancy
- Patient delivers early
- Patient moves out of state

These are a common occurrence in obstetrical care

8

Services Outside The Global Package

- Visits to the office for problems/ complications relating to the pregnancy (HTN, GDM)
- Visits to the office for non-OB related problems (URI, UTI)
- Inpatient admission for OB related problems (PTL)
- Inpatient admissions for non-OB related problems (Trauma, surgical indications)
- Antenatal testing and Ultrasounds

9

Problem Visits

- Patient presents with dysuria and frequency
- Patient comes to the office for monitoring of blood pressure
- Diabetic patient with problems

These can be billed outside the global package if there is adequate documentation

Diagnosis code depends on documentation

10

Hospital Admissions

- Is this pregnancy related?
 - Preterm labor
 - Twin, multiple gestation
 - Nausea and vomiting
- Non-Ob related problems
 - Trauma (MVA, Abuse, Fall)
 - Surgical indications

11

Antenatal Testing

- Amniocentesis
 - Verify benefits, authorization
 - Approval for lab testing
 - Bill for US guidance
 - Reason for performing

12

Ultrasounds

- Requires medical necessity
- Requires documentation of each element
- According to CPT®, are not included in the global package



76801

- < 14 week gestation
- Determine number of gestational sacs
- Fetal measurements appropriate for age
- Survey visible fetal and placental structures
- Qualitative assessment of amniotic fluid
- Exam of maternal structures including uterus and adnexa
- +76802, each additional gestation

14

76805

- Screening (anatomic survey)
- > or = 14 week 0 day gestation
- Determine number of fetuses, amniotic/chorionic sacs
- Survey of fetus: intracranial/spinal/abdominal anatomy, 4 chambered heart, umbilical cord insertion site, placental location, and amniotic fluid assessment
- Examination of maternal adnexa; if visible
- +76810, each additional gestation

15

76811

- MFM scan, L2
- Fetal & maternal evaluation as described in 76805
- Plus detailed fetal anatomic exam:
 - Brain/ ventricles
 - Face
 - Heart/ outflow tracts
 - Chest anatomy
 - Abdominal organs
 - Limbs (number, length, structure)
 - Umbilical cord and placenta evaluation
 - Other fetal anatomy as indicated
- +76812, each additional gestation

16

76813

- 1st Trimester Screening
- Focus on the fetal neck; looking for edema
- Gestational age 9-13 weeks
- Non-invasive means of looking for chromosomal abnormalities/heart defects
- Calculate fetal length and depth of tissue
- Not a definitive diagnosis
- Indicator for additional testing (CVS, Amnio)
- Blood testing at same session
- Certification is required
- + 76814 each additional gestation

17

76815

- Limited
 - Fetal heart
 - Placental location
 - Fetal position
 - Qualitative fluid volume
 - 1 or more fetuses
- “Quick Look”
- Bill only once per date of service

18

76816

- Follow-up or re-evaluation
- Re-evaluate or reassess some confirmed or suspected abnormality on initial ultrasound
 - Growth
 - Organ system
- Use 59 modifier for each additional gestation

19

76817

- Trans-vaginal ultrasound of a pregnant uterus
- Evaluation of fetus and placenta
- Evaluation of maternal adnexa and uterus
- Evaluation of characteristics of cervix; including length and structure
- Report in addition to abdominal exam if performed

20

76818

- Biophysical Profile
- Includes fetal non-stress test
- Physiologic testing of the fetus
 - fetal breathing movements
 - fetal movements
 - fetal tone
 - quantification of amniotic fluid volume
- 0-2 accessed for each element for total 10
- Use 59 modifier for additional gestations
- Some payers have guidelines

21

76819

- Biophysical Profile –without NST
- Does not include fetal non-stress test
- Physiologic testing of the fetus
 - fetal breathing movements
 - fetal movements
 - fetal tone
 - quantification of amniotic fluid volume
- 0-2 accessed for each element for total 10
- Use 59 modifier for additional gestations

22

Coding Split Care

- 59425 4-6 visits
- 59426 7 or more visits
- 1-3 Visits Use E/M codes appropriate for documentation

These are either/or; not to be used together unless specified by a payer – some Medicaid -

Documentation for 1-3 is often lacking

23

Additional Services

- 59300 Episiotomy or vaginal repair; other than attending physician
- 59320 Cerclage of cervix, during pregnancy; vaginal
- 59325 Cerclage of cervix, during pregnancy; abdominal
- 59412 External cephalic version
- 59414 Delivery of placenta; separate procedure

24

Interruption of Pregnancy

- CPT® codes are dependent on several variables
 - Gestational age
 - How completed
 - Reason for procedure
- Missed AB
 - No bleeding, no expulsion
 - Generally discover lack of growth or heart tones
- Spontaneous AB
 - Miscarriage
 - Cramping, bleeding, expulsion of tissue

25

ICD-9-CM Guidelines

- Be familiar with the OB Chapter
 - Guidelines
 - Codes available
- ICD-9 states that it is understood the condition complicates a pregnancy; it is the responsibility of the physician to document that the condition is NOT complicating the pregnancy

26

ICD-9-CM Codes

- 630, 631, 632, 650
 - These are the only three digit codes
 - Do not requires 4th and 5th digits
 - 650 only used with 59400, 59409, 59410
- V codes are acceptable as primary diagnosis
- Screening codes V28.X
- Abnormal antenatal testing 796.5

27

5th Digit Explanation

See the explanation for fifth digit:

0 unknown

1 delivered; with/without mention of antepartum condition

2 delivered; complication during current episode of care (this hospitalization)

3 not delivered; antepartum care

4 delivered; complication after delivery and outside of hospital; may result in subsequent admission

These can be a reason for denials

28

Supervision of Pregnancy

- V22.0 First pregnancy
- V22.1 subsequent pregnancy
- V23.89 High-risk pregnancy

29

Trauma

- MVA
 - Driver or passenger
 - How accident occurred
- Appendicitis

Documentation should tell you details needed for diagnosis and whether complicates the pregnancy

30

Post Partum Complications

- Payer guidelines
- Office or admit
- Pregnancy related
- Diagnosis codes
- V24.2 routine post partum care would not be assigned

31

Modifiers

- 22 Increased procedural service
- 24 Unrelated E/M by same physician during post op period
- 78 Unplanned return to OR/procedure room by same physician (*) for related procedure during post op period
- 52 Reduced services

32

Scenario #3

CC: leg pain

GA 32.5 wks Wt 176 120/78 FHT 152

States started having pain in Lt lower leg while walking on Friday, no further pain in leg. Denies trauma, denies swelling.

Rt calf measures 41 cm. Lt calf 41 cm.

No heat or tenderness noted in calves, no pain in Rt leg to touch. Left leg pain noted with pressure 2-3 cm below calf.

No temp - no red streak, + varicose spider veins

A/P: lower leg pain – send for Doppler study to R/O clot. PNC in 2 weeks. Dr OB

35

Scenario #4

1/13/2011 Patient delivers viable 7#12 oz male infant – CSVD after 12 hour labor, PNC since 8 weeks with no complications.

1/14/2011 Pt complains of excessive bleeding, US reveals thickened stripe, recommend D&C.

Description of Procedure: Using US guidance the entire procedure to ensure no perforation, and after informed consent is obtained, the patient is taken to the OR, prepped and draped in normal sterile fashion for abdominal surgery in the dorsal lithotomy position. A weighted speculum is placed in the vagina with a right angle and the anterior lip of the cervix is grasped with a single-toothed tenaculum. A #12 curette was placed to the fundus and rotated to remove retained products of conception and clots. This was performed until minimal clots were returned and a large curette was then used to curettage the uterus until the uterus was gritty. Again, suction was used to ensure the uterus was cleared. At this time some bleeding was noted and a dose of Methergine was given along with a dose of Pitocin. Fundal massage was performed and the uterus was noted to be decreased in size and very firm. The bleeding then stopped, AL instruments were removed from the patient's vagina and the patient was taken to PACU in stable condition. She will be given Cytotec.

36

Financial Issues

- Contracting
- Prepays and co-pays
- Non-covered services
- Pre-certifications/Pregnancy Programs/Hospital Admits
- Tracking procedure for OB patients
 - Deliveries all billed
 - Prenatal care billed for non-global or interrupted

37

Contracts

- Should be reviewed annually
- Verify fee schedules
- What is included in global OB care
- Verify timely filing period
- Verify recoupment time
- Allow for collection of deductibles, copays ?

38

Financial Counseling

- Patient education
 - Benefits
 - Payment arrangements
- Staff Expectations
 - When should arrangements be made
 - How strict are your policies
 - What exceptions are made
- Contracts & Payer Expectations
 - What money is allowed to be collected
 - Pre-cert, Prior Auth, Maternity programs
 - Who is responsible to notify?

39

Non –covered services

- Social ultrasounds
- Meet and Greet
- Understand contracts

40

QUESTIONS

41