Coding for Obstetrics and Gynecology

Marie Mindeman
Director-CPT Coding and Regulatory Affairs
Overview

• Anatomy and Physiology Review of Systems
• Coding Visit Screenings for Path & Lab Results
• CPT Coding for Common Gynecologic Procedures
• Prenatal Care
• Obstetrical Triage
• Ultrasound Readings
• Practical Case Scenarios
Major Female Reproductive Structures

- Ovaries
- Fallopian Tubes
- Uterus
- Vagina
Ovaries

- Found on either side of the uterus, below and behind the fallopian tubes
  - Anchored to the uterus below the fallopian tubes via the ligament of ovary and suspensory ligaments
- Form eggs for reproductive purposes
- Part of the endocrine system
  - Secrete estrogens and progesterones
- Subanatomical structures
  - Epoophorone
  - Follicle
  - Corpus Albicans
  - Corpus Luteum
Ovaries-Subanatomical structures

– Epoophorone
– Follicle
– Corpus Albicans
– Corpus Luteum
TOMOSIS OF RINE AND AN ARTERIES

FALLOPIAN TUBE
Fallopian Tubes (Oviducts)

- Ducts for ovaries
- Not attached to ovaries
- Attached to the uppermost angles of the uterus
Fallopian Tubes-Subanatomical Structures

- Distal segment
  - Infundibulum
  - Fimbriae-fringe-like structures at the end of the infundibulum
- Medial segment-Ampulla
- Medial proximal-Isthmus-narrowed opening just prior to entry to uterine myometrium
- Proximal segment-within uterine myometrium
Uterus

• Composed of
  – Body of the uterus
    • Fundus-
      – most superior portion of the uterus-
      – Rounded prominence above the fallopian tubes
  – Cervix
    • Endocervical Canal –extension from uterus to the vagina- “neck” of the uterus
    • Internal Os-termination at uterus
    • external os at the termination point in vagina
Uterus-Subanatomical Structures

• Myometrium-
  – Muscular wall lining of the body and fundus portions of the organ

• Endometrium
  – Tissue lining the interior of the uterine body

• Supporting System of Ligaments
  – Upper-Suspensory ligament of ovary
  – Medial-Broad Ligament
  – Lower-Uterosacral Ligaments
Cervical Subanatomical Structures

- Canal with Palmate folds
- Internal Os-Upper section leading to body of Uterus
- Support-Cardinal (transverse or Mackinrodt’s) Ligament
- Exterior-Uterovaginal Fascia
Vagina

- Lower portion of the birth canal
- Conduit Function
  - for birth
  - for uterine secretions
  - for menstrual flow
  - for semen receptacle from male
Vaginal Subanatomical Structures

• Upper-External Cervical Os
  – Vaginal Fornix

• Distal Inner- Vaginal orifice

• Distal Outer- Vestibule-cleft/space surrounded by labia minora
Perineum

• Area between the vagina and the rectum
External Genitalia-Vulva

- Labia (female pudendum):
  - labia majora, labia minora, bulb of the vestibule, vestibule of the vagina, greater and lesser vestibular glands, and vaginal orifice
  - Anterior to Posterior-Outer to Inward
    - Labia Majora
      - Characterized by split (commissure) from anterior to posterior-ending at the perineum
      - Surrounds labia minora and clitoris
    - Labia Minora
      - Surrounds vaginal vestibule
      - Contains the external urethral orifice

- Urethra
- Clitoris
  - Crus
  - Corpus Cavernosa
  - Hood (glans)
Coding for Path and Lab Screenings

• Cervical or vaginal -88141-88158

• Differ by screening method(s) used.
  – Thin layer
  – Slides
    • 88150-88155 -non-Bethesda
    • 88156-88158 -Bethesda System -differentiating squamous cell abnormalities and glandular cell abnormalities
  – Smears
Coding for Path and Lab Screenings

- **88141-88158**
- Cervical or vaginal
- **Differ by screening method(s) used.**
- **Methods**
  - Thin layer
  - Slides
  - Smears
- **physician interpretation services.**
- **88142** - specimen collected in fluid medium with automated thin layer preparation-examined using any system of reporting (Bethesda or non-Bethesda).
- **Pap smear examination reporting**
  - **88150-88155** - non-Bethesda
  - **88156-88158** - Bethesda System - what?
- **Add-on codes**
  - **88141** in addition to the screening code for physician interpretation of a cervical or vaginal specimen that has been screened by any method using any system of reporting
    - add-on code reported in addition to code for the technical service provided.
  - **88155** in addition to the screening code for physician interpretation of a cervical or vaginal specimen that has been screened by any method using any system of reporting
    - add-on code reported in addition to code for the technical service provided.
## Automated Thin Layer (Bethesda or non-Bethesda)

<table>
<thead>
<tr>
<th>Code</th>
<th>Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>88142</td>
<td>Manual screening</td>
</tr>
<tr>
<td>88143</td>
<td>Manual screening and rescreening</td>
</tr>
<tr>
<td>88174</td>
<td>Screening by Automated System</td>
</tr>
<tr>
<td>88175</td>
<td>Automated Screening and Manual Rescreening</td>
</tr>
</tbody>
</table>
Cytopathology Smears (Bethesda or non-Bethesda).

<table>
<thead>
<tr>
<th>Code</th>
<th>Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>88147</td>
<td>Automated Screening</td>
</tr>
<tr>
<td>88148</td>
<td>Manual Rescreening</td>
</tr>
</tbody>
</table>
# Slides Manual Screening

<table>
<thead>
<tr>
<th>Non-Bethesda Reporting Code</th>
<th>Bethesda Reporting Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>88150</td>
<td>88164</td>
</tr>
<tr>
<td>88152 Computer Assisted Rescreening</td>
<td>88166</td>
</tr>
<tr>
<td>88153 Manual Rescreening</td>
<td>88165</td>
</tr>
<tr>
<td>88154 Computer-Assisted Rescreening using cell selection and review</td>
<td>88167</td>
</tr>
</tbody>
</table>
Disease States of Female Genitalia

- Cancer
- tumors
- human papilloma virus (HPV)
- Pruritis
- Vulvar and cervical intraepithelial neoplasia
Procedures

- Biopsy
- Vaginectomy
- Colposcopy
- Colporrhaphy
- Fistula repair
- Cervical cautery or conization
- Endometrial biopsy
- Dilation and curettage
- Myomectomy
- Transection of fallopian tubes
- Salpingectomy
Disorders of Cervix

- 795.0 Abnormal Papanicolaou smear of cervix and cervical HPV
  - Abnormal cervical cytology
  - Abnormal thin preparation smear of cervix
- 795.00 Abnormal glandular Papanicolaou smear of cervix
Disorders of Cervix

ICD 622

- Erosion and ectropion of cervix
- Eversion of cervix
- Ulcer of cervix
- Anaplasia of cervix
- Cervical atypism

- Atresia (acquired) of cervix
- Contracture of cervix
- Occlusion of cervix
- Mucous polyp of cervix
Biopsy-Cervical

57452- Endoscopic cervical examination (colposcopy)
57454- with biopsy(s) of the cervix and endocervical curettage
57455- with biopsy(s) of the cervix
57456- with endocervical curettage
57460- with loop electrode biopsy(s) of the cervix
• Is not a loop excision
• Does not include removal of a portion of the endocervix or removal of the transformation zone (area at risk for cervical cancer); therefore is not a conization

57461- with loop electrode conization of the cervix
• Is a loop excision
• Excision of a specimen of a large discrete lesion identified in the exocervix tissue from patients with abnormal Pap smears results
• Endocervical curettage (57456) is included and not separately reported
Biopsy-Cervical

57452-57461 include exam of entire cervix

• May also include the upper/adjacent portion of the vagina when examined or when a cervical lesion extends into the vagina

• Colposcopic examinations involving the vulva and entire vagina should be reported separately with modifier '-51' appended
Biopsy

• 56605/56606- Biopsy of vulva or perineum (separate procedure); 1 lesion
• 56821- Colposcopy (examination of the cervix and vagina) and Biopsy of vulva
  – Colposcopy is used to evaluate patients with symptoms or physical findings that suggest the presence of vulvar HPV, vulvar intraepithelial neoplasia or vulvar malignancy
• 57100 Biopsy of vaginal mucosa; simple
• 57105 extensive, requiring suture (including cysts)
Biopsy (continued)

- 57421 Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix

- Colposcopy for evaluation of patients with abnormal Pap smear results who have had either a prior hysterectomy, including removal of the cervix, or an abnormal Pap smear with no clinical evidence of cervical pathology.
Vaginal Colposcopy

Endoscopic examination of the entire vagina.

• Includes evaluation of the entire vaginal wall with various degrees of magnification. Surface area of the vagina (much greater than that of the cervix with much marked surface irregularity) has high complexity due to time requirements and physician work associated with constant refocusing and change of speculum and colposcope position to maximize visualization of the vagina.

• Viewing cervix is not reported separately (an inclusive component of codes 57420, and 57421)

• Report cervix endoscopy codes (57452, 57454) for primary examination of the cervix
Disorders of Vagina

- 795.1 Abnormal Papanicolaou smear of vagina and vaginal HPV
  - Abnormal thin preparation smear of vagina
  - Abnormal vaginal cytology
  - atypical squamous cells of undetermined significance
  - atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
  - low grade squamous intraepithelial lesion (LGSIL)
  - high grade squamous intraepithelial lesion (HGSIL)
  - Vaginal high risk human papillomavirus (HPV) DNA test positive
Disorders of Vagina

- Mild and moderate dysplasia of vagina
- Vaginal intraepithelial neoplasia I and II [VAIN I and II]
- Leukoplakia of vagina
- Dysplasia of vagina
- Mild and moderate dysplasia of vagina
- Vaginal intraepithelial neoplasia I and II [VAIN I and II]
Colposcopy with Biopsy of Cervix Uteri

• Codes ordered in increasing levels of complexity
• Include exam of entire cervix and the upper/adjacent portion of the vagina when examined or when a cervical lesion extends into the vagina.
• Exams that involve the vulva and entire vagina may also be performed at the same session. Report separately with modifier '-51' appended.
Endoscopic Colposcopy

57420 Colposcopy of the entire vagina, with cervix if present; with biopsies
– Reported for primary emphasis on vaginal examination
– Includes evaluation of all vaginal surfaces with various degrees of magnification
– Includes examination of the cervix

57461 loop excision procedure (conization) used to obtain a large tissue specimen from patients with abnormal Pap smears where a discrete colposcopic lesion is identified in the exocervix and can include:
– Endocervical curettage (Do not report code with 57456)
– Removal of portion of endocervix
– Removal of transformation zone
Endoscopic Colposcopy

57460 (loop electrode biopsy(s) of the cervix) does not include
- Removal of a portion of the endocervix
- Removal of the transformation zone (area at risk for cervical cancer); therefore the loop excision procedure is not a conization (code 57461).

57461 loop excision procedure (conization) used to obtain a large tissue specimen from patients with abnormal Pap smears where a discrete colposcopic lesion is identified in the exocervix and can include:
- Endocervical curettage (Do not report code with 57456)
- Removal of portion of endocervix
- Removal of transformation zone
Colposcopy with Biopsy of Cervix Uteri

57460 (loop electrode biopsy(s) of the cervix) does not include
  – Removal of a portion of the endocervix
  – Removal of the transformation zone (area at risk for cervical cancer); therefore the loop excision procedure is not a conization (code 57461).

57461 loop excision procedure (conization) used to obtain a large tissue specimen from patients with abnormal Pap smears where a discrete colposcopic lesion is identified in the exocervix and can include:
  – Endocervical curettage (Do not report code with 57456)
  – Removal of portion of endocervix
  – Removal of transformation zone
Paravaginal Defect Repairs

For treatment of:

Anterior Repairs
Cystocele/vesicocele--hernial protrusion of the urinary bladder, usually through the vaginal wall.

Posterior Repairs
Rectocele/proctocele--hernial protrusion of part of the rectum into the vagina
Enterocoele--a hernia containing intestine
Paravaginal Defect Repairs-ICD9

618.01 Cystocele, midline
618.02 Cystocele, lateral
618.03 Urethrocele
618.04 Rectocele
618.06 Vaginal enterocoele, congenital or acquired
618.82 Incompetence or weakening of rectovaginal tissue
Colporraphy-Cystocele Repair

Typically a sequela of obstetric damage
Treatment is dependent on the portion of the vagina that is prolapsed
   lower, middle, upper
And commonly consists of support of the anterior vagina
   • anterior colporrhaphy,
   • Burch-type retropubic colposuspension,
   • paravaginal repairs
Colporraphy-Cystocele Repair

57423 - Paravaginal defect repair (including repair of cystocele, if performed), \textit{laparoscopic} approach

57240 - Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele

57284 - Paravaginal defect repair (including repair of cystocele, if performed); \textit{open abdominal} approach

57285 - Paravaginal defect repair (including repair of cystocele, if performed); \textit{vaginal approach}
Colporraphy-Rectocele Repair

Typically

- A sequela of obstetric damage
- Weakening and laceration of paravaginal fibrous connective tissue between the vagina and rectum during delivery

- 57250 - Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
- 45560 - Repair of rectocele (separate procedure)
- 57260 - Combined anteroposterior colporrhaphy; (57240 + 57250)
Colporraphy-Enterocele Repair

Encroachment of a sac of small bowel, into the rectovaginal septum behind the cervix

Etiology-true hernial weakness of the area between the uterosacral ligaments

May require performance of a number of repairs including combinations of:

• Closure and amputation of enterocele sac
• Excision of excessive vaginal wall tissue
• Anterior and posterior colporrhaphies
Colporraphy-Enterocele Repair

57265 - Combined anteroposterior colporrhaphy; with enterocele repair
  (57240 + 57250 + 57268)
57268 - Repair of enterocele, **vaginal** approach (separate procedure)
  - includes suspension of the vaginal posterior fornix
57270 - Repair of enterocele, **abdominal** approach (separate procedure)
  – includes approximation and reinforcement of weakened rectovaginal fascia
Prosthesis/Mesh Insertion

57267 - Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

• Add-on code
• Report in addition to codes 45560, 57240-57265, 57285 (paravaginal defect repair-vaginal approach)
• Report only one time per site (anterior/posterior)
Colpopexy

Correction of vaginal prolapse
Frequently a post-hysterectomy sequela
Occasionally a sequel of progressive uterine prolapse.
Suspension and stabilization of the vaginal vault
Colpopexy

57280 Colpopexy, abdominal approach
57282 Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283 Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levatoromyorrhaphy)
57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)

Mesh included and not separately reported
Fistula Repair/Closure

Fistula - an abnormal passage or communication, usually between two internal organs

Etiology
tissue damage causing tissue breakdown and eventual opening of a fistula

• open hysterectomy
• childbirth
• Infection
• Inflammatory bowel disease
Fistula - ICD9

619.0 Urinary-genital tract fistula, female
619.1 Digestive-genital tract fistula, female
Fistula Repair/Closure

RECTOVAGINAL FISTULA
57300 Closure of rectovaginal fistula; vaginal or transanal approach
57305 abdominal approach
57307 abdominal approach, with concomitant colostomy
57308 transperineal approach, with perineal body reconstruction, with or without levator plication
Fistula Repair/Closure

URETHROVAGINAL FISTULA
57310  Closure of urethrovaginal fistula; vaginal or transanal approach
57311 with bulbocavernosus transplant

VESICOVAGINAL FISTULA
57320  Closure of vesicovaginal fistula; vaginal approach
57330 transvesical and vaginal approach
51900 Closure of vesicovaginal fistula, abdominal approach
Fistula Repair/Closure

VESICOUTERINE FISTULA

51920  Closure of vesicouterine fistula;
51925  with hysterectomy
Vaginectomy

- 57106 Vaginectomy, partial removal of vaginal wall;
- 57107 with removal of paravaginal tissue (radical vaginectomy)
- 57109 with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
- 57110 Vaginectomy, complete removal of vaginal wall;
- 57111 with removal of paravaginal tissue (radical vaginectomy)
- (removal of highly vascular supporting connective tissue adjacent to the vagina)
Vaginectomy

PARTIAL REMOVAL
57106 Vaginectomy, partial removal of vaginal wall;
   – (selective removal of upper or lower portion)
57107 with removal of paravaginal tissue (radical vaginectomy)
57109 with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)

COMPLETE
57110 Vaginectomy, complete removal of vaginal wall;
57111 with removal of paravaginal tissue (radical vaginectomy)
   – (removal of highly vascular supporting connective tissue adjacent to the vagina)

May be followed by aesthetic vaginoplasty
Vaginectomy-ICD9

Vaginal cancer is secondary
Typically is Endometrial or Cervical cancer
182.0 Corpus uteri, except isthmus
   (Endometrium)
184.0 Vagina
Vaginectomy

- 57106 Vaginectomy, partial removal of vaginal wall;
- 57107 with removal of paravaginal tissue (radical vaginectomy)
- 57109 with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
- 57110 Vaginectomy, complete removal of vaginal wall;
- 57111 with removal of paravaginal tissue (radical vaginectomy)
- (removal of highly vascular supporting connective tissue adjacent to the vagina)
Myomectomy

- Excision of fibroid tumors of the uterus
- Differentiated by abdominal open, vaginal or laparoscopic approaches
- Total weight of myomas
  - 250 gms or less
  - More than 250gms
Myoma

Terms
• Myomas
• Uterine fibroid tumors
• Uterine fibromas
• Uterine leiomyoma

Benign smooth muscle neoplasm

Product of estrogen dominance

Signs-
• abnormal uterine bleeding,
• pressure, or
• Pain
Myoma

Most common reason for hysterectomy

Types

• *Intracavitary myomas* - inside of the uterus.
• *Submucous myomas* in the uterine cavity and in the wall of the uterus.
• *Intramural myomas* located in the wall of the uterus.
  
  Size ranges from microscopic to larger than a grapefruit.
• *Pedunculated myomas* connected to the uterus by a stalk.
Myoma-ICD9

218.0 Submucous leiomyoma of uterus
218.1 Intramural leiomyoma of uterus
   Interstitial leiomyoma of uterus
218.2 Subserous leiomyoma of uterus
   Subperitoneal leiomyoma of uterus
Myoma

Diagnostic Procedures

– Transvaginal sonogram
  76830 Ultrasound, transvaginal (non-obstetric)

– MRI
  72195-72197-Magnetic resonance (eg, proton) imaging, pelvis;

– Biopsy (rule out endometrial cancer)
Endometrial Biopsy

58100 Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)

58110 Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)

- Use with colposcopy codes – sampling done via curette
  - 57420, 57421 endoscopic colposcopy
  - 57452-57461 endoscopic cervical colposcopy
Dilation and Curettage

58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)

58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C (via scope)

Hysteroscopy includes Exam of:

- entire endometrial cavity (anterior, posterior, fundal, lateral walls)
- endocervical canal
Endometrial Biopsy

58559 Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
Includes:
   Use of resectoscope for lysis via wire loop electrode, scissors, or laser

58561 with removal of leiomyomata
Includes:
   Use of resectoscope for myomectomy (single or multiple) via scissors, wire loop electrode, or laser

58563 with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
Includes:
Initial curettage of entire endometrial cavity
   Coagulation of the entire cavity via rollerball, resectoscope, or laser
Myomectomy

Open (Abdominal)
• 58140 (1-4 and less than 250 gm)
• 58146 (5 or more and/or greater than 250 gm)

Vaginal
• 58145 (1-4 and less than 250 gm or less)

Laparoscopic
• 58545 (1-4 and less than 250 gm or less)
• 58546 (5 or more and/or greater than 250 gm)
Transection/Occlusion of Fallopian Tubes

Codes based on timing, approach and method

**Immediately postpartum**

Ligation/transection

- 58605-abdominal/vaginal
  - Immediately postpartum
  + 58611-abdominal (at time of C section or other abdominal surgery)

**Other**

- 58600 -abdominal/vaginal Ligation/transection
- 58615 –occlusion via band, clip, Falope ring
Transection/Occlusion of Fallopian Tubes

Hysteroscopic
58565 Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants

Laparoscopic
58670 Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671 Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
Hysteroscopic Procedures

- Uterus
- Vagina
- Resectoscope
- Endometrial ablation
Salpingectomy

Open approach

58700 Salpingectomy, complete or partial, unilateral or bilateral

58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral

Laparoscopic

58661 Removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
   (separation of the adnexal structures from the round ligament and other adhesions or attachments are divided)

58670 Fulguration of oviducts (with or without transection)
   (coagulation of the midpoint of each tube)
Maternity Care and Delivery

Global services – Normally provided - Uncomplicated care

• Antepartum care
• Delivery
• Postpartum care
Antepartum Care

Includes:

• All initial and subsequent history,
• Physical examinations
• Recording of weight and blood pressures,
• Fetal heart tones,
• Routine chemical urinalysis, and
• Monthly visits up to 28 weeks gestation,
• Biweekly visits to 36 weeks gestation, and
• Weekly visits until delivery.
Delivery Service

Includes

• Admission to the hospital,
• Admission history and physical examination,
• Management of uncomplicated labor,
• Vaginal delivery (with or without episiotomy, with or without forceps), or
• Cesarean delivery.
Delivery

Vaginal

59400 – routine (including episiotomy, forceps) (global)
59409 – delivery only
59410 – postpartum care
59412-External cephalic version (report in addition)
Cesarean Delivery

59510-routine (global)
59514- delivery only
59515-postpartum care
Delivery After Previous Cesarean Delivery (VBAC)

Successful vaginal delivery after previous cesarean

59610-59614

Unsuccessful vaginal delivery attempt with subsequent cesarean after previous cesarean

59618-59622
Delivery – ICD9

650 – Normal delivery
652.2 – Breech delivery
669.60 / 669.61 Breech extraction,
   651.01 Twin pregnancy, delivered, with or without mention of antepartum condition
651.03 Twin pregnancy, antepartum condition or complication
669.50 / 669.51 Forceps or vacuum extractor delivery
Postpartum Care

Includes all inpatient and outpatient services including:

hospital and office visits following delivery.

**Immediate post partum care**

- Post partum orders specific to the patient, as well as a patient specific dictation of the delivery events,
- Completion of hospital and state specific birth records
- Examination of patient to secure stability of mother and child with necessary communication with patient
Postpartum Care

Hospital visit day #1
Brief event focused history and physical including examination of
- fundal height,
- vaginal laceration repair,
- lochia, and hemorrhoids if present.

Hospital day #2
- Repeat of activities of hospital day #1
- Detailed discussion regarding activity levels, sleep patterns, and adjustments to specific life-style changes.
- Response to questions regarding contraception and nursing.
- Discharge
Postpartum Care

Includes all inpatient and outpatient services including:
Office visit will comprehensive single organ system exam.

Discuss:

- complications encountered during labor, delivery and pregnancy.
- Respond to questions regarding labor and delivery
- Maternal sleep issues, postpartum anxiety or depression
- Return to menses, and effect on the patient if bottle feeding or nursing
- Contraception and relationship to the nursing/non-nursing mother
- Sexual activity
- Spacing of pregnancies
- Infant feeding
- Infant behavior and health
- Preventive medicine concerns, the need for pap smears, mammograms and breast exams
All or part of the antepartum and/or postpartum patient care is provided except delivery due to
• termination of pregnancy by abortion
• referral to another physician

59409 Vaginal delivery only
59425 Antepartum care only; 4-6 visits
59426 Antepartum care only; 7 or more visits
59430 Postpartum care only
59514 Cesarean delivery only;
59612 Vaginal delivery only, following previous c-section
Services Not Included in Global Services

Excessive antepartum visits
  if more than 13-report additional visits with Evaluation and Management codes
Treatment of conditions unrelated to pregnancy (eg, respiratory tract or urinary tract infections)
Report additional E/M services
Services Not Included in Global Services

Examples of other services:
Maternal or fetal echography or fetal echocardiography 76805-76816, 76825-76828
Amniocentesis 59000
Chorionic villus sampling 59015
Fetal contraction stress test 59020
Fetal nonstress test 59025
Hospital and observation care visits for premature labor (prior to 36 weeks of gestation) (however if within 24hrs of delivery-not reportable)
Services Not Included in Global Services

Services for patient in unstable critical condition

Critical care 99291-99292
Multiple Birth Reporting

Both vaginal

Baby A 59400
Baby B 59409-51

One vaginal / one cesarean

Baby B 59510
Baby A 59409-51
QUESTIONS??