Kansas City

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Maternity and Newborn Care

Policy Number: POLPP107 **Last Review:** 7/1/2019
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Description

Maternity care refers to the safe and high quality health care treatment given in relation to pregnancy and delivery of a newborn child. The services provided in uncomplicated maternity cases include antepartum care, delivery, and postpartum care.

Policy

CODE	DESCRIPTION
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care
59412	Vaginal delivery only (with or without episiotomy and/or forceps) External cephalic version, with or without tocolysis
59414	Delivery of placenta (separate procedure)
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59430	Postpartum care only (separate procedure)
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only
59515	Cesarean delivery only; including postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care

59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59899	Unlisted procedure, maternity care and delivery
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date
99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)

Global Obstetrical Care

Blue KC accepts and prefers submission of the global obstetrical codes 59400, 59510, 59610 and 59618, which include antepartum care, delivery, and postpartum care.

Antepartum Care

Antepartum care includes the subsequent history and physical examinations, recording of weight, height, blood pressures, fetal heart tones, chemical urinalysis, maternity counseling, and monthly visits up to 28 weeks gestation, biweekly visits to 36 weeks gestation, and weekly visits until delivery. Any other visits or services within this time period should be coded separately.

The provider may choose to bill globally, visit-by-visit, or to use codes 59425 or 59426 for antepartum care. The date of service submitted for antepartum care should be the date of delivery. If antepartum care is not performed for the entire period, code each E/M service separately.

Pre-Delivery Inpatient Care required for treatment/stabilization

Inpatient care due to pregnancy complications should be coded separately using the CPT codes from the Medicine and the Evaluation and Management Service section of the CPT manual. (Examples: cardiac problems, neurological problems, diabetes, hypertension, toxemia, hyperemesis, pre-term labor, premature rupture of membranes).

Delivery

Delivery includes admission, history and physical, management of uncomplicated labor and delivery (with or without episiotomy or forceps). Vaginal delivery only should be submitted with procedure code 59409 or 59612.

Cesarean (C-section) delivery only should be submitted with code 59514 or 59620.

Only one delivery code should be billed regardless of the number of births during that delivery.

Subsequent Vaginal Birth after C-section (VBAC)

VBAC's should be coded using CPT codes 59618, 59620, 59622 regardless if the vaginal birth is the first or subsequent following the C- section.

Billing multiple gestation pregnancies:

The preferred method of reporting a vaginal delivery of twins, when the global obstetrical care is provided by the same physician or physician group, is by appending modifier -22 to code:

- 59400-Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care.

- 59610-Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum care, after previous cesarean delivery.

An alternative method of reporting vaginal delivery of twins is with code 59400 or 59610 for twin A, and 59409 or 59612 with modifier -51 appended for twin B. If both twins are delivered via cesarean delivery, then report code 59510, Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, since only one cesarean delivery is performed. If the cesarean delivery is significantly more difficult, then append modifier -22 to code 59510.

If one twin is delivered vaginally and the other by cesarean delivery and the global obstetric care is provided by the same physician or same physician group, then report the global code 59510 or 59618, for the cesarean delivery, and 59409 or 59612, for the vaginal delivery with the -51 modifier appended. In all of the previously described different scenarios, the diagnosis code for multiple gestations should be indicated.

Postpartum Care

Postpartum care includes hospital visits and one to two office visits for usual, uncomplicated postpartum follow-up, urinalysis and hemoglobin. The global codes (59400, 59510, 59610 or 59618) and delivery codes (59410, 59515, 59614 or 59622) include postpartum care.

Submit the postpartum care package (separate procedure) code 59430 only when another provider does the delivery. Submit this code one time with one unit of service. The date of service should be the delivery date.

Initial Visit and Itemized Services

The initial visit may be billed separately with an appropriate E/M code. An obstetrical profile (80055) and any laboratory procedure codes (other than urinalysis) should also be submitted separately.

Newborn Care

Submit procedure code 99460 or 99462 and Z76.2 (ICD-10-CM) to bill for routine services in the hospital for well newborns. If the newborn is ill, submit codes 99221- 99223 or 99231-- 99233 for hospital visits. Initial hospital care of neonates, 28 days of age or less, who require intensive observation, frequent interventions, and other intensive care services is reported with code 99477. Subsequent intensive care for very low birth weight infants is reported with codes 99478-99480, depending on the weight of the infant. For discharge day management submit E/M code 99238.

Pediatric standby should be submitted with code 99464. Standby services are requested by another physician. The physician may not be providing care or services to other patients during this period.

99464, includes the initial stabilization of the newborn, thus services may be denied as incidental to 99464. When billing a newborn circumcision (54150 or 54160) on the day of discharge, add modifier – 25 to code 99238. A diagnosis indicating the circumcision (ICD-10- CM diagnosis Z41.2) must be linked as the primary diagnosis to the circumcision procedure (54150 or 54160).

For neonatal critical care services see codes 99468-99476.

Complications or Unusual Circumstances

Submit modifier –22 with specific documentation to justify additional reimbursement along with the delivery or operative report for complications during delivery. Unusual circumstances resulting in extensive antepartum or postpartum care should be coded separately. A narrative/operative report should be sent with the claim.

Lactation Education

If done as part of the delivery, lactation education should be billed on the 837I, on the mother's claim. If this is done after discharge, it should be incorporated into the E/M for postpartum care.

Collection of Umbilical Cord Blood

Collection of umbilical cord blood may be done at the time of a delivery either for donation to organizations such as the Red Cross or per the patient's request to bank the blood for possible future need. Regardless of intent, cord blood collection is not a reimbursable service. If billing for the collection per the request of the patient, the patient must be notified that this charge will be their liability. The charge should be submitted using an unlisted procedure code, such as 59899, with a description and will be denied as subscriber liability.

Obstetrical Care Coding Alternatives

Different options are available for billing obstetrical care. Listed below are some of the variations. Generally, global billing is preferred.

Global Billing

Global Billing includes the antepartum care, delivery and postpartum care.

- 59400 Vaginal delivery
- 59510 C-section
- 59610 VBAC
- 59618 C-section after VBAC

Antepartum Care Only

- 59425 four to six visits

- 59426 seven visits
- E/M Evaluation and Management codes billed for each visit

Delivery Only

- 59409 Vaginal delivery
- 59514 C-section
- 59612 VBAC
- 59620 C-section after VBAC

Delivery and Post-partum Only

- 59410 Vaginal delivery
- 59515 C-section
- 59614 VBAC
- 59622 C-section after VBAC

Post-partum Care Only

- 59430
- E/M Evaluation and Management codes billed for each Visit

Documentation Submission

Documentation must identify and describe the procedures performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

The following applies to all claim submissions;
All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue KC Medical Policy criteria, policies found under Provider Payment Policy, Provider Office Guide and all other provisions of the Provider Service Agreement. In the event that any new codes are developed during the course of the Provider's Agreement, such new codes will be paid according to the standard or applicable Blue KC fee schedule until such time as a new agreement is reached and supersedes the provider's current agreement. Eligible services will be subject to the subscriber benefits, Blue KC fee schedule amount, and any coding edits.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by provider.

Policy History

DATE	DESCRIPTION
	Approval Date
7/1/2019	Effective Date