CPT® Code 59610 Details

Code Symbols

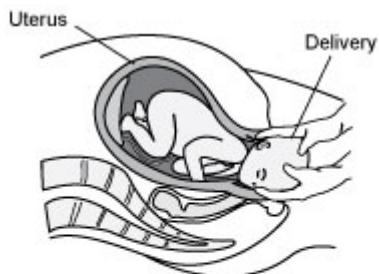MIPS : Merit Based Incentive Payment System

♀ : Female

M : Maternity

Code Descriptor

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

CPT® Advice

No data Available

Illustration

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

Fee Schedule

Medicare Physician Fee Schedules (MPFS)	
Sources:	2019 National Physician Fee Schedule Relative Value File, GPCI19, NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE CALENDAR YEAR 2019, MCR-MUE-PractitionerServices
Publisher:	CMS
Effective:	July 01, 2019
Medicare Carrier/Locality:	ALASKA** 01-02102

Conversion Factor: 36.0391

Note: A value in "Medicare Fees" does not necessarily indicate payment. Scroll down to see Medicare's status on the code for coverage specifics. Medicare has assigned relative value units (RVUs) to codes the agency does not cover to allow payers that follow the resource based relative value system to have an agreed upon valuation rate.

Code Status A

A = Active Code. These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

Medicare Fees					
	National	**Adjusted**	**26**	**TC**	**53**
Facility	$2,285.24	$2,895.57	$0.00	$0.00	$0.00
Non Facility	$2,285.24	$2,895.57	$0.00	$0.00	$0.00

RVU - Nonfacility					
	National	**Adjusted**	**26**	**TC**	**53**
Work RVU:	33.87	50.81	0.00	0.00	0.00
PE RVU:	21.09	23.56	0.00	0.00	0.00
Malpractice RVU:	8.45	5.98	0.00	0.00	0.00
Total RVU:	63.41	80.35	0.00	0.00	0.00

RVU - Facility					
	National	**Adjusted**	**26**	**TC**	**53**
Work RVU:	33.87	50.81	0.00	0.00	0.00
PE RVU:	21.09	23.56	0.00	0.00	0.00
Malpractice RVU:	8.45	5.98	0.00	0.00	0.00
Total RVU:	63.41	80.35	0.00	0.00	0.00

Global & Other Info	
Global Split	
Preoperative %:	0
Intraoperative %:	0
Postoperative %:	0
Total RVU:	0
Global Period (days):	MMM

MMM = Maternity codes; usual global period does not apply.

Radiology Diagnostic Tests :	99

99 = Concept does not apply

PC/TC Indicator :	0

0 = Physician Service Codes--Identifies codes that describe physician services. Examples include visits, consultations, and surgical procedures. The concept of PC/TC does not apply since physician services cannot be split into professional and technical components. Modifiers 26 and TC cannot be used with these codes. The RVUS include values for physician work, practice expense and malpractice expense. There are some codes with no work RVUs.

Endoscopic Base Code :	None

Modifier Guidelines		
	Modifier	**Rules(Click on rules for Details)**
MULT PROC	51	Multiple procedure reduction applies

51 = Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes

2 = Standard payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50% and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage.

BILAT SURG	50	No 150% bilateral payment boost

50 = Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier 50 to the appropriate five digit code.

0 = 150% payment adjustment for bilateral procedures does not apply. If procedure is reported with modifier -50 or with modifiers RT and LT, base the payment for the two sides on the lower of: (a) the total actual charge for both sides or (b) 100% of the fee schedule amount for a single code.

ASST SURG	80	Assistant payment allowed when supported

80 = Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

CO-SURG	62	Co-surgeons not permitted

62 = Two Surgeons: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

0 = Co-surgeons not permitted for this procedure.

TEAM SURG	66	Team surgeons not permitted

66 = Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.

0 = Team surgeons not permitted for this procedure.

MINIMUM ASST SURG	81	Assistant payment allowed when supported.

81 = Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

ASST SURG (QUALIFIED RESI. NA)	82	Assistant payment allowed when supported.

82 = Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s)

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

PHYSICIAN SUPERVISION	*PS	Concept does not apply.

PS = This field is for use in post payment review.

9 = Concept does not apply

Medically Unlikely Edits

Source:	2019 Medically Unlikely Edits (MUE)
Publisher:	CMS
Date:	July 01, 2019

Services	MUE	MAI	MUE Rationale
Practitioner Services	1	2	Code Descriptor / CPT Instruction
DME Supplier Services	NA	NA	NA
Facility Outpatient Services	1	2	Code Descriptor / CPT Instruction

MAI 1: Line Edit
MUE MAI "1" indicates a claim line edit. When it's appropriate to report units that exceed the MUE, use one or more additional claim lines with an appropriate modifier appended to the code. Payers who apply the MUE will process each claim line separately for payment.

MAI 2: Date of Service Edit: Policy
MUE MAI "2" indicates an absolute date of service (DOS) edit based on policy. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. CMS has not identified any instances in which exceeding an MAI 2 MUE is correct.

MAI 3: Date of Service Edit: Clinical
MUE MAI "3" indicates a date of service (DOS) edit based on clinical benchmarks. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. MACs may pay excess units upon appeal or may bypass the MUE based on documentation of medical necessity.

LCD Details

LCD Details for 59610

The chosen state has no LCD for this code/title. Please search All States to see if another state has an LCD for this code/title.

Article Details for 59610

The chosen state has no Article for this code/title. Please search All States to see if another state has an Article for this code/title.

NCD

No data available.

MEDICARE CCI

0 - Can NOT be billed under any circumstances		
1 - A CCI-associated modifier on the Col. 2 code will override the edit.		

Col B Code	Reason Edit	Modifier Indicator
01958	Anesthesia service included in surgical procedure	0
01960	Anesthesia service included in surgical procedure	0

01967	Anesthesia service included in surgical procedure	0
0213T	Misuse of column two code with column one code	1
0216T	Misuse of column two code with column one code	1
0230T	Anesthesia service included in surgical procedure	0
11000	Misuse of column two code with column one code	1
11001	Misuse of column two code with column one code	1
11004	Misuse of column two code with column one code	1
11005	Misuse of column two code with column one code	1
11006	Misuse of column two code with column one code	1
11042	Misuse of column two code with column one code	1
11043	Misuse of column two code with column one code	1
11044	Misuse of column two code with column one code	1
11045	Misuse of column two code with column one code	1
11046	Misuse of column two code with column one code	1
11047	Misuse of column two code with column one code	1
12001	Misuse of column two code with column one code	1
12002	Misuse of column two code with column one code	1
12004	Misuse of column two code with column one code	1
12005	Misuse of column two code with column one code	1
12006	Misuse of column two code with column one code	1
12007	Misuse of column two code with column one code	1
12011	Misuse of column two code with column one code	1
12013	Misuse of column two code with column one code	1
12014	Misuse of column two code with column one code	1
12015	Misuse of column two code with column one code	1
12016	Misuse of column two code with column one code	1
12017	Misuse of column two code with column one code	1
12018	Misuse of column two code with column one code	1

12020	Misuse of column two code with column one code	1
12021	Misuse of column two code with column one code	1
12031	Misuse of column two code with column one code	1
12032	Misuse of column two code with column one code	1
12034	Misuse of column two code with column one code	1
12035	Misuse of column two code with column one code	1
12036	Misuse of column two code with column one code	1
12037	Misuse of column two code with column one code	1
12041	Misuse of column two code with column one code	1
12042	Misuse of column two code with column one code	1
12044	Misuse of column two code with column one code	1
12045	Misuse of column two code with column one code	1
12046	Misuse of column two code with column one code	1
12047	Misuse of column two code with column one code	1
12051	Misuse of column two code with column one code	1
12052	Misuse of column two code with column one code	1
12053	Misuse of column two code with column one code	1
12054	Misuse of column two code with column one code	1
12055	Misuse of column two code with column one code	1
12056	Misuse of column two code with column one code	1
12057	Misuse of column two code with column one code	1
13100	Misuse of column two code with column one code	1
13101	Misuse of column two code with column one code	1
13102	Misuse of column two code with column one code	1
13120	Misuse of column two code with column one code	1
13121	Misuse of column two code with column one code	1
13122	Misuse of column two code with column one code	1
13131	Misuse of column two code with column one code	1

13132	Misuse of column two code with column one code	1
13133	Misuse of column two code with column one code	1
13151	Misuse of column two code with column one code	1
13152	Misuse of column two code with column one code	1
13153	Misuse of column two code with column one code	1
36000	Standards of medical / surgical practice	1
36410	Standards of medical / surgical practice	1
36591	CPT Manual or CMS manual coding instructions	0
36592	CPT Manual or CMS manual coding instructions	0
51701	Standards of medical / surgical practice	1
51702	Standards of medical / surgical practice	1
59050	Standards of medical / surgical practice	0
59051	Standards of medical / surgical practice	0
59300	HCPCS/CPT procedure code definition	0
59414	CPT "separate procedure" definition	0
59430	CPT "separate procedure" definition	0
59510	HCPCS/CPT procedure code definition	1
59514	HCPCS/CPT procedure code definition	1
59515	HCPCS/CPT procedure code definition	1
59525	HCPCS/CPT procedure code definition	0
59612	More extensive procedure	1
59614	More extensive procedure	1
59618	Mutually exclusive procedures	1
61650	Misuse of column two code with column one code	1
62322	Anesthesia service included in surgical procedure	0
62323	Anesthesia service included in surgical procedure	0
62324	Misuse of column two code with column one code	1
62325	Misuse of column two code with column one code	1

62326	Misuse of column two code with column one code	1
62327	Misuse of column two code with column one code	1
64415	Misuse of column two code with column one code	1
64416	Misuse of column two code with column one code	1
64417	Misuse of column two code with column one code	1
64430	Anesthesia service included in surgical procedure	0
64435	Anesthesia service included in surgical procedure	0
64450	Misuse of column two code with column one code	1
64483	Anesthesia service included in surgical procedure	0
64486	Misuse of column two code with column one code	1
64487	Misuse of column two code with column one code	1
64488	Misuse of column two code with column one code	1
64489	Misuse of column two code with column one code	1
64490	Misuse of column two code with column one code	1
64493	Misuse of column two code with column one code	1
69990	Misuse of column two code with column one code	0
81000	Misuse of column two code with column one code	0
81002	Misuse of column two code with column one code	0
96360	Standards of medical / surgical practice	1
96365	Standards of medical / surgical practice	1
96372	Standards of medical / surgical practice	1
96374	Standards of medical / surgical practice	1
96375	Standards of medical / surgical practice	1
96376	Standards of medical / surgical practice	1
96377	Standards of medical / surgical practice	1
96523	CPT Manual or CMS manual coding instructions	0
97597	Misuse of column two code with column one code	1
97598	Misuse of column two code with column one code	1

97602	Misuse of column two code with column one code	1
99201	CPT Manual or CMS manual coding instructions	1
99202	CPT Manual or CMS manual coding instructions	1
99203	CPT Manual or CMS manual coding instructions	1
99204	CPT Manual or CMS manual coding instructions	1
99205	CPT Manual or CMS manual coding instructions	1
99211	CPT Manual or CMS manual coding instructions	1
99212	CPT Manual or CMS manual coding instructions	1
99213	CPT Manual or CMS manual coding instructions	1
99214	CPT Manual or CMS manual coding instructions	1
99215	CPT Manual or CMS manual coding instructions	1
99217	CPT Manual or CMS manual coding instructions	1
99218	CPT Manual or CMS manual coding instructions	1
99219	CPT Manual or CMS manual coding instructions	1
99220	CPT Manual or CMS manual coding instructions	1
99221	CPT Manual or CMS manual coding instructions	1
99222	CPT Manual or CMS manual coding instructions	1
99223	CPT Manual or CMS manual coding instructions	1
99224	CPT Manual or CMS manual coding instructions	1
99225	CPT Manual or CMS manual coding instructions	1
99226	CPT Manual or CMS manual coding instructions	1
99231	CPT Manual or CMS manual coding instructions	1
99232	CPT Manual or CMS manual coding instructions	1
99233	CPT Manual or CMS manual coding instructions	1
99234	CPT Manual or CMS manual coding instructions	1
99235	CPT Manual or CMS manual coding instructions	1
99236	CPT Manual or CMS manual coding instructions	1
99238	CPT Manual or CMS manual coding instructions	1

99239	CPT Manual or CMS manual coding instructions	1
99304	CPT Manual or CMS manual coding instructions	1
99305	CPT Manual or CMS manual coding instructions	1
99306	CPT Manual or CMS manual coding instructions	1
99307	CPT Manual or CMS manual coding instructions	1
99308	CPT Manual or CMS manual coding instructions	1
99309	CPT Manual or CMS manual coding instructions	1
99310	CPT Manual or CMS manual coding instructions	1
99315	CPT Manual or CMS manual coding instructions	1
99316	CPT Manual or CMS manual coding instructions	1
99318	CPT Manual or CMS manual coding instructions	1
99324	CPT Manual or CMS manual coding instructions	1
99325	CPT Manual or CMS manual coding instructions	1
99326	CPT Manual or CMS manual coding instructions	1
99327	CPT Manual or CMS manual coding instructions	1
99328	CPT Manual or CMS manual coding instructions	1
99334	CPT Manual or CMS manual coding instructions	1
99335	CPT Manual or CMS manual coding instructions	1
99336	CPT Manual or CMS manual coding instructions	1
99337	CPT Manual or CMS manual coding instructions	1
99341	CPT Manual or CMS manual coding instructions	1
99342	CPT Manual or CMS manual coding instructions	1
99343	CPT Manual or CMS manual coding instructions	1
99344	CPT Manual or CMS manual coding instructions	1
99345	CPT Manual or CMS manual coding instructions	1
99347	CPT Manual or CMS manual coding instructions	1
99348	CPT Manual or CMS manual coding instructions	1
99349	CPT Manual or CMS manual coding instructions	1

99350	CPT Manual or CMS manual coding instructions	1
99483	CPT Manual or CMS manual coding instructions	1
99497	CPT Manual or CMS manual coding instructions	1
G0463	CPT Manual or CMS manual coding instructions	1
G0471	Standards of medical / surgical practice	1

Medicaid CCI Edits Alert

0 - Can NOT be billed under any circumstances
1 - A CCI-associated modifier on the Col. 2 code will override the edit.

Col B Code	Reason Edit	Modifier Indicator
13133	Misuse of column two code with column one code	1
13132	Misuse of column two code with column one code	1
13131	Misuse of column two code with column one code	1
13122	Misuse of column two code with column one code	1
13121	Misuse of column two code with column one code	1
13120	Misuse of column two code with column one code	1
13102	Misuse of column two code with column one code	1
13101	Misuse of column two code with column one code	1
13100	Misuse of column two code with column one code	1
12057	Misuse of column two code with column one code	1
12056	Misuse of column two code with column one code	1
12055	Misuse of column two code with column one code	1
12054	Misuse of column two code with column one code	1
12053	Misuse of column two code with column one code	1
12052	Misuse of column two code with column one code	1
12051	Misuse of column two code with column one code	1
12047	Misuse of column two code with column one code	1
12046	Misuse of column two code with column one code	1

12045	Misuse of column two code with column one code	1
12044	Misuse of column two code with column one code	1
12042	Misuse of column two code with column one code	1
12041	Misuse of column two code with column one code	1
12037	Misuse of column two code with column one code	1
12036	Misuse of column two code with column one code	1
12035	Misuse of column two code with column one code	1
12034	Misuse of column two code with column one code	1
12032	Misuse of column two code with column one code	1
12031	Misuse of column two code with column one code	1
12021	Misuse of column two code with column one code	1
12020	Misuse of column two code with column one code	1
12018	Misuse of column two code with column one code	1
12017	Misuse of column two code with column one code	1
12016	Misuse of column two code with column one code	1
12015	Misuse of column two code with column one code	1
12014	Misuse of column two code with column one code	1
12013	Misuse of column two code with column one code	1
12011	Misuse of column two code with column one code	1
12007	Misuse of column two code with column one code	1
12006	Misuse of column two code with column one code	1
12005	Misuse of column two code with column one code	1
12004	Misuse of column two code with column one code	1
12002	Misuse of column two code with column one code	1
12001	Misuse of column two code with column one code	1
11047	Misuse of column two code with column one code	1
11046	Misuse of column two code with column one code	1
11045	Misuse of column two code with column one code	1

11044	Misuse of column two code with column one code	1
11043	Misuse of column two code with column one code	1
11042	Misuse of column two code with column one code	1
11006	Misuse of column two code with column one code	1
11005	Misuse of column two code with column one code	1
11004	Misuse of column two code with column one code	1
11001	Misuse of column two code with column one code	1
11000	Misuse of column two code with column one code	1
0231T	Anesthesia service included in surgical procedure	0
0230T	Anesthesia service included in surgical procedure	0
0218T	Misuse of column two code with column one code	1
0217T	Misuse of column two code with column one code	1
0216T	Misuse of column two code with column one code	1
0215T	Misuse of column two code with column one code	1
0214T	Misuse of column two code with column one code	1
0213T	Misuse of column two code with column one code	1
01967	Anesthesia service included in surgical procedure	0
01960	Anesthesia service included in surgical procedure	0
01958	Anesthesia service included in surgical procedure	0
99315	CPT Manual or CMS manual coding instructions	1
99310	CPT Manual or CMS manual coding instructions	1
99309	CPT Manual or CMS manual coding instructions	1
99308	CPT Manual or CMS manual coding instructions	1
99307	CPT Manual or CMS manual coding instructions	1
99306	CPT Manual or CMS manual coding instructions	1
99305	CPT Manual or CMS manual coding instructions	1
99304	CPT Manual or CMS manual coding instructions	1
99245	CPT Manual or CMS manual coding instructions	1

99244	CPT Manual or CMS manual coding instructions	1
99243	CPT Manual or CMS manual coding instructions	1
99242	CPT Manual or CMS manual coding instructions	1
99241	CPT Manual or CMS manual coding instructions	1
99239	CPT Manual or CMS manual coding instructions	1
99238	CPT Manual or CMS manual coding instructions	1
99236	CPT Manual or CMS manual coding instructions	1
99235	CPT Manual or CMS manual coding instructions	1
99234	CPT Manual or CMS manual coding instructions	1
99233	CPT Manual or CMS manual coding instructions	1
99232	CPT Manual or CMS manual coding instructions	1
99231	CPT Manual or CMS manual coding instructions	1
99226	CPT Manual or CMS manual coding instructions	1
99225	CPT Manual or CMS manual coding instructions	1
99224	CPT Manual or CMS manual coding instructions	1
99223	CPT Manual or CMS manual coding instructions	1
99222	CPT Manual or CMS manual coding instructions	1
99221	CPT Manual or CMS manual coding instructions	1
99220	CPT Manual or CMS manual coding instructions	1
99219	CPT Manual or CMS manual coding instructions	1
99218	CPT Manual or CMS manual coding instructions	1
99217	CPT Manual or CMS manual coding instructions	1
99215	CPT Manual or CMS manual coding instructions	1
99214	CPT Manual or CMS manual coding instructions	1
99213	CPT Manual or CMS manual coding instructions	1
99212	CPT Manual or CMS manual coding instructions	1
99211	CPT Manual or CMS manual coding instructions	1
99205	CPT Manual or CMS manual coding instructions	1

99204	CPT Manual or CMS manual coding instructions	1
99203	CPT Manual or CMS manual coding instructions	1
99202	CPT Manual or CMS manual coding instructions	1
99201	CPT Manual or CMS manual coding instructions	1
97602	Misuse of column two code with column one code	1
97598	Misuse of column two code with column one code	1
97597	Misuse of column two code with column one code	1
96523	CPT Manual or CMS manual coding instructions	0
96377	Standards of medical / surgical practice	1
96376	Standards of medical / surgical practice	1
96375	Standards of medical / surgical practice	1
96374	Standards of medical / surgical practice	1
96372	Standards of medical / surgical practice	1
96365	Standards of medical / surgical practice	1
96360	Standards of medical / surgical practice	1
81002	Misuse of column two code with column one code	0
81000	Misuse of column two code with column one code	0
69990	Misuse of column two code with column one code	0
64495	Misuse of column two code with column one code	1
64494	Misuse of column two code with column one code	1
64493	Misuse of column two code with column one code	1
64492	Misuse of column two code with column one code	1
64491	Misuse of column two code with column one code	1
64490	Misuse of column two code with column one code	1
64489	Misuse of column two code with column one code	1
64488	Misuse of column two code with column one code	1
64487	Misuse of column two code with column one code	1
64486	Misuse of column two code with column one code	1

64484	Anesthesia service included in surgical procedure	0
64483	Anesthesia service included in surgical procedure	0
64450	Misuse of column two code with column one code	1
64435	Anesthesia service included in surgical procedure	0
64430	Anesthesia service included in surgical procedure	0
64417	Misuse of column two code with column one code	1
64416	Misuse of column two code with column one code	1
64415	Misuse of column two code with column one code	1
62327	Misuse of column two code with column one code	1
62326	Misuse of column two code with column one code	1
62325	Misuse of column two code with column one code	1
62324	Misuse of column two code with column one code	1
62323	Anesthesia service included in surgical procedure	0
62322	Anesthesia service included in surgical procedure	0
61650	Misuse of column two code with column one code	1
59618	Mutually exclusive procedures	1
59614	More extensive procedure	1
59612	More extensive procedure	1
59525	HCPCS/CPT procedure code definition	0
59515	HCPCS/CPT procedure code definition	1
59514	HCPCS/CPT procedure code definition	1
59510	HCPCS/CPT procedure code definition	1
59430	CPT "separate procedure" definition	0
59414	CPT "separate procedure" definition	0
59300	HCPCS/CPT procedure code definition	0
59051	Standards of medical / surgical practice	0
59050	Standards of medical / surgical practice	0
51702	Standards of medical / surgical practice	1

51701	Standards of medical / surgical practice	1
36592	CPT Manual or CMS manual coding instructions	0
36591	CPT Manual or CMS manual coding instructions	0
36410	Standards of medical / surgical practice	1
36000	Standards of medical / surgical practice	1
13153	Misuse of column two code with column one code	1
13152	Misuse of column two code with column one code	1
13151	Misuse of column two code with column one code	1
G0471	Standards of medical / surgical practice	1
G0463	CPT Manual or CMS manual coding instructions	1
99497	CPT Manual or CMS manual coding instructions	1
99483	CPT Manual or CMS manual coding instructions	1
99350	CPT Manual or CMS manual coding instructions	1
99349	CPT Manual or CMS manual coding instructions	1
99348	CPT Manual or CMS manual coding instructions	1
99347	CPT Manual or CMS manual coding instructions	1
99345	CPT Manual or CMS manual coding instructions	1
99344	CPT Manual or CMS manual coding instructions	1
99343	CPT Manual or CMS manual coding instructions	1
99342	CPT Manual or CMS manual coding instructions	1
99341	CPT Manual or CMS manual coding instructions	1
99337	CPT Manual or CMS manual coding instructions	1
99336	CPT Manual or CMS manual coding instructions	1
99335	CPT Manual or CMS manual coding instructions	1
99334	CPT Manual or CMS manual coding instructions	1
99328	CPT Manual or CMS manual coding instructions	1
99327	CPT Manual or CMS manual coding instructions	1
99326	CPT Manual or CMS manual coding instructions	1

99325	CPT Manual or CMS manual coding instructions	1
99324	CPT Manual or CMS manual coding instructions	1
99318	CPT Manual or CMS manual coding instructions	1
99316	CPT Manual or CMS manual coding instructions	1

ICD-10 Crossref

O09.00 : Supervision of pregnancy with history of infertility, unspecified trimester
O09.522 : Supervision of elderly multigravida, second trimester
O09.523 : Supervision of elderly multigravida, third trimester
O09.892 : Supervision of other high risk pregnancies, second trimester
O09.893 : Supervision of other high risk pregnancies, third trimester
O09.899 : Supervision of other high risk pregnancies, unspecified trimester
O09.A0 : Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1 : Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A2 : Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3 : Supervision of pregnancy with history of molar pregnancy, third trimester
O10.012 : Pre-existing essential hypertension complicating pregnancy, second trimester
O10.013 : Pre-existing essential hypertension complicating pregnancy, third trimester
O10.02 : Pre-existing essential hypertension complicating childbirth
O10.112 : Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10.113 : Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.12 : Pre-existing hypertensive heart disease complicating childbirth
O10.212 : Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10.213 : Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10.22 : Pre-existing hypertensive chronic kidney disease complicating childbirth
O10.312 : Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10.313 : Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10.32 : Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
O10.412 : Pre-existing secondary hypertension complicating pregnancy, second trimester
O10.413 : Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.42 : Pre-existing secondary hypertension complicating childbirth
O10.912 : Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10.913 : Unspecified pre-existing hypertension complicating pregnancy, third trimester
O10.92 : Unspecified pre-existing hypertension complicating childbirth
O11.2 : Pre-existing hypertension with pre-eclampsia, second trimester
O11.3 : Pre-existing hypertension with pre-eclampsia, third trimester
O11.4 : Pre-existing hypertension with pre-eclampsia, complicating childbirth
O11.5 : Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O12.04 : Gestational edema, complicating childbirth
O12.05 : Gestational edema, complicating the puerperium
O12.14 : Gestational proteinuria, complicating childbirth
O12.15 : Gestational proteinuria, complicating the puerperium
O12.24 : Gestational edema with proteinuria, complicating childbirth
O12.25 : Gestational edema with proteinuria, complicating the puerperium
O13.2 : Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O13.3 : Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O13.4 : Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5 : Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium

O14.02 : Mild to moderate pre-eclampsia, second trimester
O14.03 : Mild to moderate pre-eclampsia, third trimester
O14.04 : Mild to moderate pre-eclampsia, complicating childbirth
O14.12 : Severe pre-eclampsia, second trimester
O14.13 : Severe pre-eclampsia, third trimester
O14.14 : Severe pre-eclampsia complicating childbirth
O14.22 : HELLP syndrome (HELLP), second trimester
O14.23 : HELLP syndrome (HELLP), third trimester
O14.24 : HELLP syndrome, complicating childbirth
O14.25 : HELLP syndrome, complicating the puerperium
O14.92 : Unspecified pre-eclampsia, second trimester
O14.93 : Unspecified pre-eclampsia, third trimester
O14.94 : Unspecified pre-eclampsia, complicating childbirth
O15.02 : Eclampsia complicating pregnancy, second trimester
O15.03 : Eclampsia complicating pregnancy, third trimester
O15.1 : Eclampsia complicating labor
O16.2 : Unspecified maternal hypertension, second trimester
O16.3 : Unspecified maternal hypertension, third trimester
O16.4 : Unspecified maternal hypertension, complicating childbirth
O16.5 : Unspecified maternal hypertension, complicating the puerperium
O20.0 : Threatened abortion
O20.9 : Hemorrhage in early pregnancy, unspecified
O21.2 : Late vomiting of pregnancy
O24.415 : Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.419 : Gestational diabetes mellitus in pregnancy, unspecified control
O24.425 : Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.429 : Gestational diabetes mellitus in childbirth, unspecified control
O24.435 : Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O25.2 : Malnutrition in childbirth
O26.12 : Low weight gain in pregnancy, second trimester
O26.13 : Low weight gain in pregnancy, third trimester
O26.42 : Herpes gestationis, second trimester
O26.43 : Herpes gestationis, third trimester
O26.52 : Maternal hypotension syndrome, second trimester
O26.53 : Maternal hypotension syndrome, third trimester
O26.612 : Liver and biliary tract disorders in pregnancy, second trimester
O26.613 : Liver and biliary tract disorders in pregnancy, third trimester
O26.62 : Liver and biliary tract disorders in childbirth
O26.812 : Pregnancy related exhaustion and fatigue, second trimester
O26.813 : Pregnancy related exhaustion and fatigue, third trimester
O26.822 : Pregnancy related peripheral neuritis, second trimester
O26.823 : Pregnancy related peripheral neuritis, third trimester
O26.892 : Other specified pregnancy related conditions, second trimester
O26.893 : Other specified pregnancy related conditions, third trimester
O30.002 : Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.003 : Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.202 : Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.203 : Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester

O30.802 : Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester

O30.803 : Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester

O30.92 : Multiple gestation, unspecified, second trimester

O30.93 : Multiple gestation, unspecified, third trimester

O31.32X0 : Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, not applicable or unspecified

O31.33X0 : Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, not applicable or unspecified

O31.8X20 : Other complications specific to multiple gestation, second trimester, not applicable or unspecified

O31.8X30 : Other complications specific to multiple gestation, third trimester, not applicable or unspecified

O32.1XX0 : Maternal care for breech presentation, not applicable or unspecified

O32.3XX0 : Maternal care for face, brow and chin presentation, not applicable or unspecified

O32.8XX0 : Maternal care for other malpresentation of fetus, not applicable or unspecified

O34.211 : Maternal care for low transverse scar from previous cesarean delivery

O34.212 : Maternal care for vertical scar from previous cesarean delivery

O34.219 : Maternal care for unspecified type scar from previous cesarean delivery

O36.4XX0 : Maternal care for intrauterine death, not applicable or unspecified

O36.5120 : Maternal care for known or suspected placental insufficiency, second trimester, not applicable or unspecified

O36.5130 : Maternal care for known or suspected placental insufficiency, third trimester, not applicable or unspecified

O36.5920 : Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspecified

O36.5930 : Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspecified

O36.62X0 : Maternal care for excessive fetal growth, second trimester, not applicable or unspecified

O36.63X0 : Maternal care for excessive fetal growth, third trimester, not applicable or unspecified

O36.8920 : Maternal care for other specified fetal problems, second trimester, not applicable or unspecified

O36.8930 : Maternal care for other specified fetal problems, third trimester, not applicable or unspecified

O36.92X0 : Maternal care for fetal problem, unspecified, second trimester, not applicable or unspecified

O36.93X0 : Maternal care for fetal problem, unspecified, third trimester, not applicable or unspecified

O40.2XX0 : Polyhydramnios, second trimester, not applicable or unspecified

O40.3XX0 : Polyhydramnios, third trimester, not applicable or unspecified

O41.02X0 : Oligohydramnios, second trimester, not applicable or unspecified

O41.03X0 : Oligohydramnios, third trimester, not applicable or unspecified

O43.102 : Malformation of placenta, unspecified, second trimester

O43.103 : Malformation of placenta, unspecified, third trimester

O43.812 : Placental infarction, second trimester

O43.813 : Placental infarction, third trimester

O43.92 : Unspecified placental disorder, second trimester

O43.93 : Unspecified placental disorder, third trimester

O44.02 : Complete placenta previa NOS or without hemorrhage, second trimester

O44.03 : Complete placenta previa NOS or without hemorrhage, third trimester

O44.12 : Complete placenta previa with hemorrhage, second trimester

O44.13 : Complete placenta previa with hemorrhage, third trimester

O44.20 : Partial placenta previa NOS or without hemorrhage, unspecified trimester

O44.22 : Partial placenta previa NOS or without hemorrhage, second trimester

O44.23 : Partial placenta previa NOS or without hemorrhage, third trimester

O44.30 : Partial placenta previa with hemorrhage, unspecified trimester

O44.32 : Partial placenta previa with hemorrhage, second trimester

O44.33 : Partial placenta previa with hemorrhage, third trimester
O44.40 : Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.42 : Low lying placenta NOS or without hemorrhage, second trimester
O44.43 : Low lying placenta NOS or without hemorrhage, third trimester
O44.50 : Low lying placenta with hemorrhage, unspecified trimester
O44.52 : Low lying placenta with hemorrhage, second trimester
O44.53 : Low lying placenta with hemorrhage, third trimester
O45.002 : Premature separation of placenta with coagulation defect, unspecified, second trimester
O45.003 : Premature separation of placenta with coagulation defect, unspecified, third trimester
O45.012 : Premature separation of placenta with afibrinogenemia, second trimester
O45.013 : Premature separation of placenta with afibrinogenemia, third trimester
O45.022 : Premature separation of placenta with disseminated intravascular coagulation, second trimester
O45.023 : Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45.092 : Premature separation of placenta with other coagulation defect, second trimester
O45.093 : Premature separation of placenta with other coagulation defect, third trimester
O45.8X2 : Other premature separation of placenta, second trimester
O45.8X3 : Other premature separation of placenta, third trimester
O45.92 : Premature separation of placenta, unspecified, second trimester
O45.93 : Premature separation of placenta, unspecified, third trimester
O46.002 : Antepartum hemorrhage with coagulation defect, unspecified, second trimester
O46.003 : Antepartum hemorrhage with coagulation defect, unspecified, third trimester
O46.012 : Antepartum hemorrhage with afibrinogenemia, second trimester
O46.013 : Antepartum hemorrhage with afibrinogenemia, third trimester
O46.022 : Antepartum hemorrhage with disseminated intravascular coagulation, second trimester
O46.023 : Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
O46.092 : Antepartum hemorrhage with other coagulation defect, second trimester
O46.093 : Antepartum hemorrhage with other coagulation defect, third trimester
O46.8X2 : Other antepartum hemorrhage, second trimester
O46.8X3 : Other antepartum hemorrhage, third trimester
O46.92 : Antepartum hemorrhage, unspecified, second trimester
O46.93 : Antepartum hemorrhage, unspecified, third trimester
O48.0 : Post-term pregnancy
O48.1 : Prolonged pregnancy
O60.12X0 : Preterm labor second trimester with preterm delivery second trimester, not applicable or unspecified
O60.13X0 : Preterm labor second trimester with preterm delivery third trimester, not applicable or unspecified
O60.14X0 : Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified
O67.0 : Intrapartum hemorrhage with coagulation defect
O67.8 : Other intrapartum hemorrhage
O67.9 : Intrapartum hemorrhage, unspecified
O68 : Labor and delivery complicated by abnormality of fetal acid-base balance
O70.0 : First degree perineal laceration during delivery
O70.1 : Second degree perineal laceration during delivery
O70.20 : Third degree perineal laceration during delivery, unspecified
O70.21 : Third degree perineal laceration during delivery, IIIa
O70.22 : Third degree perineal laceration during delivery, IIIb
O70.23 : Third degree perineal laceration during delivery, IIIc
O70.3 : Fourth degree perineal laceration during delivery
O70.4 : Anal sphincter tear complicating delivery, not associated with third degree laceration
O70.9 : Perineal laceration during delivery, unspecified
O71.3 : Obstetric laceration of cervix
O71.4 : Obstetric high vaginal laceration alone
O71.5 : Other obstetric injury to pelvic organs

O71.6 : Obstetric damage to pelvic joints and ligaments

O71.7 : Obstetric hematoma of pelvis

O71.82 : Other specified trauma to perineum and vulva

O71.9 : Obstetric trauma, unspecified

O74.1 : Other pulmonary complications of anesthesia during labor and delivery

O74.2 : Cardiac complications of anesthesia during labor and delivery

O74.3 : Central nervous system complications of anesthesia during labor and delivery

O74.8 : Other complications of anesthesia during labor and delivery

O74.9 : Complication of anesthesia during labor and delivery, unspecified

O75.0 : Maternal distress during labor and delivery

O75.1 : Shock during or following labor and delivery

O75.4 : Other complications of obstetric surgery and procedures

O77.0 : Labor and delivery complicated by meconium in amniotic fluid

O80 : Encounter for full-term uncomplicated delivery

O89.3 : Toxic reaction to local anesthesia during the puerperium

O89.4 : Spinal and epidural anesthesia-induced headache during the puerperium

O89.6 : Failed or difficult intubation for anesthesia during the puerperium

O99.284 : Endocrine, nutritional and metabolic diseases complicating childbirth

O99.810 : Abnormal glucose complicating pregnancy

O99.814 : Abnormal glucose complicating childbirth

O99.89 : Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium

Z03.71 : Encounter for suspected problem with amniotic cavity and membrane ruled out

Z34.00 : Encounter for supervision of normal first pregnancy, unspecified trimester

Z34.01 : Encounter for supervision of normal first pregnancy, first trimester

Z34.02 : Encounter for supervision of normal first pregnancy, second trimester

Z34.03 : Encounter for supervision of normal first pregnancy, third trimester

Z34.80 : Encounter for supervision of other normal pregnancy, unspecified trimester

Z34.81 : Encounter for supervision of other normal pregnancy, first trimester

Z34.82 : Encounter for supervision of other normal pregnancy, second trimester

Z34.83 : Encounter for supervision of other normal pregnancy, third trimester

Z34.90 : Encounter for supervision of normal pregnancy, unspecified, unspecified trimester

Z34.91 : Encounter for supervision of normal pregnancy, unspecified, first trimester

Z34.92 : Encounter for supervision of normal pregnancy, unspecified, second trimester

Z34.93 : Encounter for supervision of normal pregnancy, unspecified, third trimester

Z36.0 : Encounter for antenatal screening for chromosomal anomalies

Z36.1 : Encounter for antenatal screening for raised alphafetoprotein level

Z36.2 : Encounter for other antenatal screening follow-up

Z36.3 : Encounter for antenatal screening for malformations

Z36.4 : Encounter for antenatal screening for fetal growth retardation

Z36.5 : Encounter for antenatal screening for isoimmunization

Z36.81 : Encounter for antenatal screening for hydrops fetalis

Z36.82 : Encounter for antenatal screening for nuchal translucency

Z36.83 : Encounter for fetal screening for congenital cardiac abnormalities

Z36.84 : Encounter for antenatal screening for fetal lung maturity

Z36.85 : Encounter for antenatal screening for Streptococcus B

Z36.86 : Encounter for antenatal screening for cervical length

Z36.87 : Encounter for antenatal screening for uncertain dates

Z36.88 : Encounter for antenatal screening for fetal macrosomia

Z36.89 : Encounter for other specified antenatal screening

Z36.8A : Encounter for antenatal screening for other genetic defects

Z36.9 : Encounter for antenatal screening, unspecified

Z37.0 : Single live birth

Z37.1 : Single stillbirth
Z37.2 : Twins, both liveborn
Z37.3 : Twins, one liveborn and one stillborn
Z37.4 : Twins, both stillborn
Z37.59 : Other multiple births, all liveborn
Z37.69 : Other multiple births, some liveborn
Z37.7 : Other multiple births, all stillborn
Z39.0 : Encounter for care and examination of mother immediately after delivery
Z39.1 : Encounter for care and examination of lactating mother
Z39.2 : Encounter for routine postpartum follow-up

HCPCS Crossref

No data available.

Anesthesia Crossref

01967
Base Unit Value: 5 : Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)

Alternate Codes

01960
Base Unit Value: 5 : Anesthesia for vaginal delivery only

Anesthesia Tips: N/A

Modifier Crossref

22 : Increased Procedural Services
33 : Preventive Services
47 : Anesthesia by Surgeon
51 : Multiple Procedures
52 : Reduced Services
53 : Discontinued Procedure
58 : Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59 : Distinct Procedural Service
63 : Procedure Performed on Infants less than 4 kg
76 : Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77 : Repeat Procedure by Another Physician or Other Qualified Health Care Professional
79 : Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80 : Assistant Surgeon
81 : Minimum Assistant Surgeon
82 : Assistant Surgeon (when qualified resident surgeon not available)
99 : Multiple Modifiers
AQ : Physician providing a service in an unlisted health professional shortage area (hpsa)
AR : Physician provider services in a physician scarcity area

AS : Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

CR : Catastrophe/disaster related

ET : Emergency services

GA : Waiver of liability statement issued as required by payer policy, individual case

GB : Claim being re-submitted for payment because it is no longer covered under a global payment demonstration

GC : This service has been performed in part by a resident under the direction of a teaching physician

GJ : "opt out" physician or practitioner emergency or urgent service

GR : This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with va policy

HD : Pregnant/parenting women's program

KX : Requirements specified in the medical policy have been met

Q5 : Service furnished under a reciprocal billing arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area

Q6 : Service furnished under a fee-for-time compensation arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area

QJ : Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 cfr 411.4 (b)

SB : Nurse midwife

TH : Obstetrical treatment/services, prenatal or postpartum

XE : Separate encounter, a service that is distinct because it occurred during a separate encounter

XP : Separate practitioner, a service that is distinct because it was performed by a different practitioner

XS : Separate structure, a service that is distinct because it was performed on a separate organ/structure

XU : Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

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CPT® Lay Terms

In this global service, the provider provides all of the antepartum care, admission to the hospital for delivery, intensive labor management, including fetal monitoring, use of low forceps, and episiotomy, vaginal delivery of the fetus and placenta, and inpatient and outpatient postpartum care. The patient has had a previous cesarean delivery, but was able to deliver vaginally at this delivery. Typical global services begin at eight to ten weeks gestation, with a full term vaginal delivery at thirty nine to forty weeks gestation, and routine outpatient postpartum care at six weeks following delivery.

Clinical Responsibility

Antepartum Care: The care given to the mother at each antepartum visit varies with the requirements of the pregnancy, but there are some basic services a provider performs. The provider integrates these services into the antepartum care no matter when they occur, or which level of provider performs them such as an MD, NP, PA, CNM, RN. These services include: evaluation of the health status of both mother and fetus; estimation of the gestational age; identification of the patient at risk for complications; anticipation of problems before they occur and prevention of problems if possible; and education and communication with regard to all issues that relate to the pregnancy such as the pregnancy plan, counseling for antenatal testing, lactation and nutritional counseling. A provider will complete a comprehensive initial history and physical of the mother as well, with subsequent examinations at each visit thereafter that include both maternal and fetal markers to identify if the pregnancy is progressing normally. These markers include a urinalysis to measure protein and glucose, recording of the fetal heart rate, measurement of the uterine fundus, examination for maternal edema, or swelling, maternal blood pressure, position of the fetus, cervical status

and ruling out labor. In some cases, the provider will collect a screening Pap smear specimen, and in that case, the collection is part of the antepartum visit. The frequency of visits is usually monthly up to 28 weeks gestation, then biweekly visits to 36 weeks gestation, and then weekly visits until delivery. Antenatal screening tests, care for conditions unrelated to pregnancy, injections, surgical procedures, and ultrasound examinations are generally not inclusive in normal antepartum care and the provider can report them separately based on payer policy. Complications of pregnancy in the antepartum period are rarely paid at the time of the complication, but a provider may bill them at the time of service for later appeal to avoid timely filing issues.

Intrapartum Care: Management of labor usually begins when the patient informs the provider that she thinks she is in labor or presents to the hospital in apparent labor. If the patient calls the provider about labor, he advises the patient when to come to hospital, alerts hospital personnel of the patient's arrival, and provides initial instructions for the patient's care. With a vaginal birth after cesarean, or VBAC, the provider must usually be at the hospital soon after the patient arrives. The provider performs an initial history and physical examination at the time of admission to determine that labor has indeed begun, assesses the mother's and fetus' condition, develops a treatment plan, and communicates with nursing staff. After the initial evaluation, the physician periodically reevaluates the condition of his patient and her fetus throughout the course of labor and alters the treatment plan as necessary. Monitoring of the VBAC patient occurs with greater frequency and is more intense than monitoring of other patients in labor because of the risk of uterine rupture, and often requires the constant presence of the provider. In addition to bedside evaluation of the patient, the physician consults with anesthesiologists, operating and delivery room staff, and a pediatrician or neonatologist.

During labor, the provider may administer regional or local anesthesia to ease labor pains. He then continually monitors uterine contractions and the fetal heart rate using external monitors he places on the mother's abdomen. The provider may instruct the patient on breathing technique, check the uterine contractions for regularity, and perform a vaginal examination to determine position of the fetal head. When he sees the dilation of the cervix is fully or nearly fully complete, he moves the patient to the delivery room, and the patient is prepped and draped. The provider instructs the patient to begin pushing the baby at this stage, and when the baby's head begins to show through the vaginal opening, called crowning, the provider may perform a few maneuvers with the baby's emerging body to facilitate a smooth and better delivery. He may use low forceps to assist in the delivery of the head and shoulders, or apply a vacuum extractor in some cases. He may also perform an episiotomy when the perineum does not stretch adequately, and it obstructs delivery. Once the head comes out, the provider gently supports the whole body with his hand so the body can rotate and come out through the birth canal. After the delivery is complete, the provider removes the placenta and incises the umbilical cord. The provider inspects the cervix and vagina for lacerations, repairs the episiotomy incision, and repairs any minor vaginal or cervical lacerations as well.

Inpatient Postpartum Care: The provider transfers the patient to recovery. He writes orders for aftercare including monitoring vital signs, pain management if necessary, patient diet, and ambulation. The provider visits the patient several hours after delivery to check on her progress, and follows up with additional visits until the day of discharge, which is normally 48 hours for a vaginal delivery. At discharge, the provider discusses with the patient, care of the breasts and vulva, diet, exercise, when the patient should present for her first visit, and when to come in if there are problems such as excess bleeding or cramping.

Outpatient Postpartum Care: Typical outpatient postpartum care a provider performs includes ongoing evaluation of the mother's physical and mental status following birth, a physical examination to ensure that the mother is recovering normally, discussion of lactation, nutrition, and exercise post delivery, review or initiation of birth control options, evaluation of immunizations, and collection of a screening Pap smear specimen if necessary. The provider schedules the first visit four to six weeks following delivery, but may only order one visit at six weeks instead of two. The provider performs a physical examination, which includes measuring the patient's weight and blood pressure, and an examination of the breasts, abdomen, and a pelvic exam. The provider will also incorporate preconception counseling to prepare the patient for a future pregnancy.

Terminology

Antenatal testing: Tests a provider offers a mother to check on the health of the baby and mother.

Antepartum period: Period from confirmation of pregnancy to delivery of the baby.

Cervix: Fleshy end of the uterus that juts into the vaginal canal, which consists of an outer opening, called the exocervix or ectocervix, middle section, called the transformation zone, where the squamous and columnar cells meet, and inner portion that opens into the body of the uterus, called the endocervix; menstrual blood passes from the uterine lining into the cervix and out into the vaginal canal.

Cesarean section, C section: A surgical procedure to deliver an infant through an incision rather than vaginally; also called a surgical birth or a cesarean delivery.

Episiotomy: An incision made in the perineum to allow passage of the baby's head and to prevent ragged tearing of the perineal tissues.

Forceps: A two bladed instrument used to compress or grasp.

Forceps delivery: One of three types of delivery with forceps may occur, but they are still part of intrapartum care; a provider uses outlet forceps when the baby's scalp is visible at the vaginal opening; low forceps when the baby's head is at +2 station or lower; and midforceps when the baby's head is above +2 station, but the head is engaged.

Gestational age: The period of time between conception and birth.

Global care: A single code and related reimbursement for all care usually associated with a procedure; the packaging is based on three phases of a surgical procedure: preoperative evaluation, the intraoperative procedure, and postoperative care for either zero, ten, or ninety days.

Intrapartum period: Period from the onset of labor to the complete expulsion of the placenta.

Perineum: The short stretch of skin that starts at the bottom of the vulva, the external female genital organs, and continues to the anal opening.

Peritoneum: Membrane lining the abdominal cavity.

Placenta: A special layer developed during pregnancy to protect and nourish the fetus.

Postpartum period: Period from the termination of labor to complete reduction of the uterus to its normal nonpregnant size and state, usually defined as 42 days.

Umbilical cord: The connecting stalk between the fetus and the placenta, normally containing two umbilical arteries and one umbilical vein; the umbilical vein supplies the fetus with oxygenated, nutrient rich blood from the placenta and the umbilical arteries transport deoxygenated, nutrient depleted blood from the fetal heart back to the placenta.

Uterus: A hollow, muscular, pear shaped organ located between the base of the bladder and the rectum; it bends forward at its narrowest part, called the isthmus, and rests on the bladder; the body of the uterus is the widest part, and it lies above the isthmus; the cervix forms the lower part of the uterus and is below the isthmus and juts into the vaginal canal.

Vacuum extraction: Placement of a bell shaped cup on the baby's head and application of vacuum pressure to create suction on the baby's head; the provider then pulls on the device he attaches to the cup at the same time as the mother indicates a contraction is beginning, and he continues throughout the full contraction; at the end of the contraction the provider stops pulling and waits for the next contraction, continuing until the baby's head begins to exit the vaginal opening.

Vagina: A canal made up of muscle lined with a mucous membrane that can stretch due to folds in the membrane; it

extends from the vestibule area to where the cervix butts up against the vaginal vault; it is longer on the posterior wall, the side located above the rectum, than the anterior wall, the side located below the bladder.

Vaginal birth after cesarean, or VBAC: The practice of delivering a baby vaginally after a previous baby has been delivered through caesarean section.

Tips

If the provider performs less than normal for global care, add modifier 52, Reduced Service to 59610; this may include providing fewer than normal antepartum visits or not being present for labor management or the delivery of the baby.

Add modifier 22, Unusual procedural service, to 59610 when the provider's work is greater than normal; this may occur because the patient was seen many more times than expected in the antepartum period due to complications, or the labor management or delivery was significantly more work than for routine care; detailed documentation is necessary to get additional reimbursement.

CPT® Guidelines

Range Specific Guideline
Patients who have had a previous cesarean delivery and now present with the expectation of a vaginal delivery are coded using codes 59610-59622. If the patient has a successful vaginal delivery after a previous cesarean delivery (VBAC), use codes 59610-59614. If the attempt is unsuccessful and another cesarean delivery is carried out, use codes 59618-59622. To report elective cesarean deliveries use code 59510, 59514 or 59515.

Section Specific Guideline

The services normally provided in uncomplicated maternity cases include antepartum care, delivery, and postpartum care. Pregnancy confirmation during a problem oriented or preventive visit is not considered a part of antepartum care and should be reported using the appropriate E/M service codes 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99384, 99385, 99386, 99394, 99395, 99396 for that visit.

Antepartum care includes the initial prenatal history and physical examination; subsequent prenatal history and physical examinations; recording of weight, 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. Any other visits or services within this time period should be coded separately.

Delivery services include admission to the hospital, the admission history and physical examination, management of uncomplicated labor, vaginal delivery (with or without episiotomy, with or without forceps), or cesarean delivery. When reporting delivery only services (59409, 59514, 59612, 59620), report inpatient postdelivery management and discharge services using Evaluation and Management Services codes (99217-99239). Delivery and postpartum services (59410, 59515, 59614, 59622) include delivery services and all inpatient and outpatient postpartum services. Medical complications of pregnancy (eg, 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.

Postpartum care only services (59430) include office or other outpatient visits following vaginal or cesarean section delivery.

For surgical complications of pregnancy (eg, appendectomy, hernia, ovarian cyst, Bartholin cyst), see services in the Surgery section.

If all or part of the antepartum and/or postpartum patient care is provided except delivery due to termination of pregnancy by abortion or referral to another physician or other qualified health care professional for delivery, see the antepartum and postpartum care codes 59425, 59426, and 59430.

(For circumcision of newborn, see 54150, 54160)

OPPS

This code is not an ASC approved procedure.

Upcoming and Historical Information

01-01-1996	Code Added