The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Coding for Postpartum Services

Postpartum Services Currently Valued Into the Global Codes (59400, 59510)

These services are included in calculating the global reimbursement for obstetric care.

- Routine hospital visits
  - Vaginal delivery; 1 inpatient visit, 1 discharge, 99231, 99238
  - Cesarean delivery; 2 inpatient visits, 1 discharge; 99231, 99232, 99238
- Routine office visits during global period
  - Vaginal delivery; 1 office visit, valued as a 99214
  - Cesarean delivery; 2 office visits, 1 valued as a 99213 and 1 valued as a 99214
- The postpartum visit should include
  - an interval history
  - a physical examination and Pap test, if needed
  - a review or initiation of birth control methods
  - discussions on breastfeeding, emotional status, counseling for future pregnancies, and any laboratory studies or immunizations appropriate for the specific patient
  - Postpartum counseling for conditions that occurred during pregnancy (ie, glucose tolerance testing in gestational diabetes mellitus, counseling for stillbirth).

Note: E/M code 99214 includes in its value, 25 minutes of physician time spent face-to-face with the patient.

Services Reported Separately During the Postpartum Period

- Treatment and management of complications requiring other services or visits during the postpartum period (eg, gestational diabetes mellitus, hypertension in pregnancy, preterm birth). For example, ordering the 2-hour oral glucose tolerance test for a woman with gestational diabetes mellitus would be included as part of postpartum care. Initiating treatment of newly diagnosed type 2 diabetes with metformin would be a service separately reported.
- Management of problems unrelated to the pregnancy (eg, hypertension, glucose intolerance, obesity).

Coding for Problem Visits

- Select an appropriate Current Procedural Terminology (CPT) Evaluation and Management (E/M) code (eg, 99211–99215), based on the service(s) performed and documented to assess and manage the problem(s) or complication(s). Append modifier 24 to the E/M code.

- Modifier 24 indicates that the E/M service for the problem is unrelated to typical postpartum care by the same physician during a global period.
- Link the E/M code to an *International Classification of Diseases*, 10th Edition, Clinical Modification (ICD-10-CM) code that provides the medical necessity for performing the service.
- Report any procedures performed with the appropriate CPT code linked to the ICD-10-CM code that describes the medical necessity. If both an E/M service and a procedure are performed during the same session, append modifier 25 to the E/M service.
- Modifier 25 indicates that a significant, separately identifiable E/M service was performed by the same physician or other qualified health care professional on the same day of the procedure. For example, an intrauterine device placement performed at a problem visit would be reported with CPT code – 58300 (Insertion of intrauterine device [IUD]) linked to ICD-10-CM code Z30.430 (Encounter for insertion of intrauterine contraceptive device). The E/M service would have modifier 25 added to indicate that a significant, separately identifiable E/M service was performed in addition to the level of E/M service valued into the procedure performed.
- If women continue to have problems or issues, visits to address those issues would be reported as problem visits with E/M codes linked to the diagnosis code for the issue or problem.

Coding for Adverse Pregnancy Outcomes

- Women with hypertension, gestational diabetes, or other pregnancy complications are at risk of future chronic disease. The first postpartum visit can be covered in a 99214 40-minute visit valued in the global. Women can return for problem visits billed outside the global for complications and then return for a well-women visit at 3 months postpartum using 99394–99397.
- Visits for adverse pregnancy outcomes can be coded like preventative service visits. These visits should be selected from the code range 99394–99397 (Periodic comprehensive preventive medicine revaluation and management of an individual, including an age and gender appropriate history, examination, counseling or anticipatory guidance or risk factor reduction interventions, and the ordering of laboratory or diagnostic procedures, established patient) linked to the preventive services diagnosis code, Z01.411 (Encounter for gynecological examination [general] [routine] without abnormal findings).
- If there is a medically necessary reason for specific tests, those tests may be reported. Typically, the physician is ordering but not performing the test, so the diagnosis code to report on the laboratory request will be the reason the test was ordered (eg, glucose tolerance, lipid panel).

Additional Visits for "Uncomplicated" Postpartum Care

- Additional visits for "*uncomplicated*" postpartum care is considered to be included in the global obstetric package.

Resources

❖ American College of Obstetricians and Gynecologists. Coding: login to the support portal [after login]. Available at: https://acogcoding.freshdesk.com/support/login. Retrieved March 9, 2018.

- American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 8th ed. Elk Grove Village (IL): AAP; Washington, DC: American College of Obstetricians and Gynecologists. 2017.
- American College of Obstetricians and Gynecologists. OB/GYN coding manual 2018: components of correct procedural coding. Washington, DC: ACOG; 2017.

For more information on Reimbursement, please see section on Billing and Reimbursement.