

Coding Tip: Services billable outside of Global Obstetric

The global maternity care package includes all the services normally provided in *uncomplicated* maternity cases. There are services that may or may not relate to the pregnancy which are outside of the Global OB care and should be reported separately. These include but not limited to:

Antepartum

- E&M services for problems unrelated to the pregnancy
- Surgical complications related to the pregnancy
- Laboratory tests during the pregnancy, excluding dipstick urinalysis
- Venipuncture
- Genetic counselling and procedures, including amniocentesis, chronic villous sampling, and cordocentesis
- Fetal non-stress test and contraction stress test
- Insertion of cervical dilator (e.g., laminaria, prostaglandin)
- External cephalic version with or without tocolysis
- All obstetric ultrasound studies, including fetal echocardiography
- Administration of Rh immune globulin
- Cervical Cerclage

Intrapartum

- Fetal scalp blood sampling
- External cephalic version (code 59412) which is reported in addition to the appropriate code for the delivery service. Pre/post NST and US are also billable
- Foley bulb for cervical ripening is billable if delivery occurs > 24 hours after placement
- Administration of regional anesthesia (e.g., epidural, pudendal)
- Repair of 3rd and 4th degree laceration may be a separate/additional charge

Postpartum

- Management of inpatient or outpatient medical problems or complications, whether related to the pregnancy or not
- Management of surgical problems arising in the postpartum period
- Tubal ligation

For E&M services not part of the global obstetrical care, you should attach modifier 25 during the pregnancy or modifier 24 postpartum (usually 42 days but may be payer dependent).

Modifier 24: *Unrelated E&M Service by the same physician during a postoperative period*



Modifier 25: Significant, separately identifiable E&M service by the same physician on the same day of a procedure or other service

