

## THE USE OF DELIVERY CODES BY THE MATERNAL FETAL MEDICINE PHYSICIAN

Because of the nature of their practice, the selection of delivery codes by the Maternal Fetal Medicine (MFM) physician can be challenging. The chart below will help in understanding the purpose of these CPT codes in the context of MFM practice.

|                                      | Vaginal | Cesarean | VBAC  | Attempted VBAC | Notes/Comments  |
|--------------------------------------|---------|----------|-------|----------------|---|
| <b>Global Delivery</b>               | 59400   | 59510    | 59610 | 59618          | <p><b>Use:</b> When a single physician/group provides all obstetric care related to a given pregnancy.</p> <p><b>Includes:</b> All antepartum care, delivery, and postpartum services (including both inpatient and outpatient care). Those services “normally” provided in “uncomplicated” cases.</p> <p><b>Excludes:</b> Ultrasounds, BPPs, NSTs, most obstetric procedural services. Additional E/M services provided by the physician billing globally for all visits exceeding 13 encounters during the pregnancy.</p>             |
| <b>Delivery Only</b>                 | 59409   | 59514    | 59612 | 59620          | <p><b>Use:</b> When the billing provider only supplies the delivery service, <b>OR</b> supplies the delivery service and less than all the antepartum care.</p> <p><b>Includes:</b> The management of the delivery service, including the E/M services provided the calendar day before the delivery.</p> <p><b>Excludes:</b> Any antepartum services provided, and any postpartum services (both inpatient and outpatient) beginning the calendar day after delivery.</p>  |
| <b>Delivery with Postpartum Care</b> | 59410   | 59515    | 59614 | 59622          | <p><b>Use:</b> When the billing provider supplies the delivery service <b>AND</b> plans to provide all postpartum services (including both inpatient and outpatient care).</p> <p><b>Includes:</b> The management of the delivery service, including the E/M services provided the calendar day before the delivery and all routine postpartum services.</p> <p><b>Excludes:</b> Any antepartum services provided, any procedural services provided in the postpartum period, any postpartum E/M services related to complications.</p> |

### Important Tips:

1. It will be relatively rare for an MFM physician to bill global obstetric care, because some portion of the antepartum service will have typically been provided by an obstetrician unaffiliated with

his/her practice. The most common occasion in which it will occur is when an MFM physician is a part of an OB generalist group and/or participates as a member of an OB call group.

2. There needs to be clear channels of communication between the MFM physician and the obstetrician if there is co-management of a patient or a transfer of care, to ensure that each party understands their responsibility and that the billing accurately matches the reality (i.e. who has primary responsibility for postpartum care).
3. Individual payers may have rules/guidelines that differ from the standard guidelines. For example, some state Medicaid programs may include inpatient postpartum days in the “delivery only” codes or some payers may allow global billing if more than one provider/practice has supplied antepartum services. Knowledge of payer policies is critical for success in properly reporting delivery services.