

CODING TIP

Billing for inpatient E/M visits when multiple providers are involved in the admission, management, and delivery of a patient

Certain MFM providers may only bill fee for service in the management of a pregnant patient but do not do the actual delivery. Typically, all delivery codes include global services upon delivery (Admission, delivery management, postpartum care, and discharge). When this occurs, unbundling then billing for these services can be challenging when the MFM specialist is only providing portions of the treatment together with other providers.

Confused on how to bill for multiple providers who are involved in the delivery planning and management? Let's take a look at some scenarios and the appropriate way to report them:

- 1) MFM admits a patient for labor induction with severe hypertension at 36 wks. The hospitalist performs the delivery after 24 hours of being admitted. Is this a billable service for the MFM?

If a patient is admitted with the intent for delivery, then the patient delivers more than 24 hours after admission, this is NOT a billable service for the MFM even if it took 2-3 days of induction. The admission and delivery management is included in the delivery CPT code. However, the MFM provider may bill an office visit if the patient was seen in their office and the delivery was planned by the MFM that day. Otherwise, the MFM should negotiate with the delivering provider for the admission component.

- 2) The MFM provider admits the patient with no intention to deliver but the patient eventually delivers during that admission. Is this a billable service?

Examples include admissions for PROM or preterm labor that are not meant to deliver (i.e. for expectant management or tocolysis). The group that admitted and rounded on that patient is able to bill and get reimbursed for those services since they are outside the scope of routine delivery care of a patient. If the patient is admitted and the decision to deliver happens on the same day, e.g. few hours later, then modifier "57" should be appended to the admission E/M code.

- 3) The hospitalist manages labor and delivery and bills for those services while the MFM provider sees the patient to manage the intrapartum hypertension, etc. Are the MFM visits billable?

Yes, medical problems complicating labor and delivery management may require additional resources and should be identified by using subsequent hospital visits with modifier "24", regardless if they are your own patient or not.

