Maternal Fetal Medicine Billing Within an Integrated Group Practice

Large integrated and academic medical groups frequently employ maternal-fetal medicine, OBGYN, and advanced practitioners to provide obstetric care to their patients. Within these groups, billing personnel will typically separate the practitioners by their specialty (i.e. OBGYNs and MFMs have different taxonomy codes; MFM taxonomy code is 207VM0101X) though practitioners would usually share common Tax ID numbers for hospital and/or outpatient billing. This shared Tax ID number can lead to confusion as to whether patients receiving obstetric care within such organizations are **established** patients of all the obstetric practitioners vs. specific OBGYN or MFM groups or members.

Questions about billing and coding typically arise when patients are referred from an OBGYN to an MFM subspecialist within the same medical group (or department) for consultative, diagnostic ultrasound, and/or other procedural services.

Examples of questions recently posed to the SMFM Coding Committee include:

1. Can an MFM subspecialist bill a new patient visit for an established patient of the OBGYN group (if the patient has never been seen by the MFM physicians within the same medical group or department)? This question commonly arises when a patient is referred for MFM consultation due to maternal at-risk condition or ultrasound finding at the time of fetal study.

2. Does prior diagnostic testing in a unit supervised by MFM create an established relationship with that patient? For example, if an MFM practitioner has read and billed an ultrasound without providing additional related consultative services to date, does this scenario establish a patient relationship?

3. Can an MFM subspecialist bill additional E/M services outside the global package when providing additional patient counseling and co-managing services along with the OBGYN practitioner?

In large specialty groups and academic practices, CPT guidelines recognize the subspecialty MFM practice as a separate entity from other obstetric practitioners within the larger group. In addressing the above questions, therefore, the following may be considered:

- If no physician or advanced practitioner from the MFM group/division has previously seen, performed and billed face to face E/M services for a patient referred from an internal OBGYN group, then a NEW patient consultation and/or NEW patient service <u>can</u> be billed by the MFM subspecialist. This can include outpatient office consultative service and/or consultation associated with an ultrasound service. In the latter scenario, combined services require appropriate documentation of separate and distinct E/M services (ultrasound and consult), appropriate coding modifiers, along with a documented request for the consultation in the patient's record.

- The supervision or billing for obstetric ultrasound services in the absence of a consultation does not create a patient relationship. Thus, if an MFM subspecialist for example only reads and interprets (whether in person or remotely) a normal first trimester ultrasound study for a patient receiving prenatal care from an OBGYN practitioner, this does not create a relationship with that MFM subspecialist group member. Thus, if the same patient later returns for a detailed fetal anatomic ultrasound study and receives consultation for an unexpected abnormal ultrasound finding, any MFM or advanced practitioner from the group can bill for a new patient consultation (again, assuming no prior MFM consultative services have been provided in the interim).

- The MFM practitioners can bill E/M codes for services during pregnancy and/or during the puerperium that would not be included in the global OB package (such as co-managing patients with pre-gestational diabetes or allo-immunization). For examples of medical conditions not typically included in the global OB package, please refer to our coding tip on this topic (https://www.smfm.org/coding/tips/128-services-billable-outside-of-global-obstetric). In this case, it is acceptable to bill separate E/M CPT codes with the appropriate taxonomy code, as these services provide necessary ongoing consultation on behalf of the primary OBGYN and therefore typically fall outside of the global OB package.

It is important to note that not all payers recognize consultation codes (99241-99245) and some payers do not recognize subspecialties under the same tax ID number—even though CPT guidelines would clearly allow the subspecialist to bill a new patient visit. If that is the case, then billing a New patient visit may not result in payment for the subspecialist. Such issues are best recognized and managed proactively in discussion with individuals within the organization who facilitate patient coding/billing. Some EMRs automate this process by adjusting billing codes based upon the rules of individual payers. Furthermore, please note there will be new E/M documentation and guideline changes effective January 1, 2021, which may impact the topic discussed in this coding tip; the SMFM Coding Committee will continue to keep the membership updated.

Please submit any questions you may have to the SMFM Coding Committee Ask a Coding Question website (https://www.smfm.org/coding/questions/new). Additional information and resources are also available on our coding website. Thank you very much.