



Early Postpartum Visit "Post-Birth Health Check" Billing & Coding

OVERALL

The following describes billing and coding strategies that can potentially receive additional reimbursement for the early postpartum (PP) visit outside of the global obstetrical reimbursement. Fee-for-service billings for additional PP visits should generally not be a reimbursement issue. **Reimbursement policies vary by provider. When in doubt, check with the payer to confirm that your strategy is consistent with their guidelines.**

MEDICAID

Florida Medicaid fee-for-service and most Florida Medicaid Health Plans are fee-for-service only, so that billing for an additional PP visit(s) should not be an issue. Aetna and Molina are predominantly global reimbursement with some exceptions. Humana does some global obstetrical reimbursement but does more fee-for-service.

GLOBAL REIMBURSEMENT OPTIONS

To be reimbursed for an additional PP visit by either a physician or nurse, you must either bill outside of the global obstetrical reimbursement package or attempt to end the global obstetrical package early. Potential strategies to use depend on the Health Plan's global obstetrical reimbursement package. **You will generally need to test these potential billing approaches for each Health Plan.**

- 1. Bill outside the global obstetrical package** — An early PP visit can be billed without a pregnancy diagnosis using CPT Evaluation and Management (E/M) codes 99211-99215. Append modifier 24 to the E/M code indicating care is provided outside of the global obstetrical reimbursement package and link the E/M code to an appropriate ICD-10 code for the visit diagnosis (e.g., O14.05 Mild to moderate pre-eclampsia, complicating the puerperium or O86.01 Infection of obstetric surgical wound, superficial incisional site). **For some health plans this may incur a co-pay for the patient.**
- 2. End the global package early** — Have the early PP visit (Post-Birth Health Check [PBHC]) serve as the comprehensive PP visit using E/M code 0503F. Then, schedule the second PP visit as a well-women/annual exam using CPT Evaluation and Management (E/M) codes 99393-99397. This will depend on whether the global ends based on this visit type or a specified timeframe after delivery.
- 3. Schedule the 6-week PP visit after the global period** — Have the early PP visit (PBHC) serve as the comprehensive PP visit using E/M code 0503F. Then, schedule the second PP visit as a well-women/annual exam using CPT Evaluation and Management (E/M) codes 99393-99397 after the global ends (e.g. 7 weeks). The time frame for the global period is different for different health plans or may be different for vaginal versus cesarean deliveries.
- 4. Consider implementing a nurse driven protocol for the 2-week PBHC with indirect provider supervision** — The E/M code is 99211 for a nurse visit.

Strategy for office capacity issues: Trade an antepartum visit for a postpartum visit — Reduce the number of antepartum visits by one allowing for an even swap with a new 2-week PBHC for low medical and social risk patients. [Link: ACOG sample template.](#) The 2-week PBHC can be billed as a 99024 (postop-visit/no charge) and the 6-week visit as comprehensive PP visit using E/M code 0503F. All visits would be included in the global obstetrical reimbursement package. This does not increase the number of visits and provides equal reimbursement.



For more information, visit the Florida Perinatal Quality Collaborative PACC site at www.fpqc.org/pacc or email fpqc@usf.edu