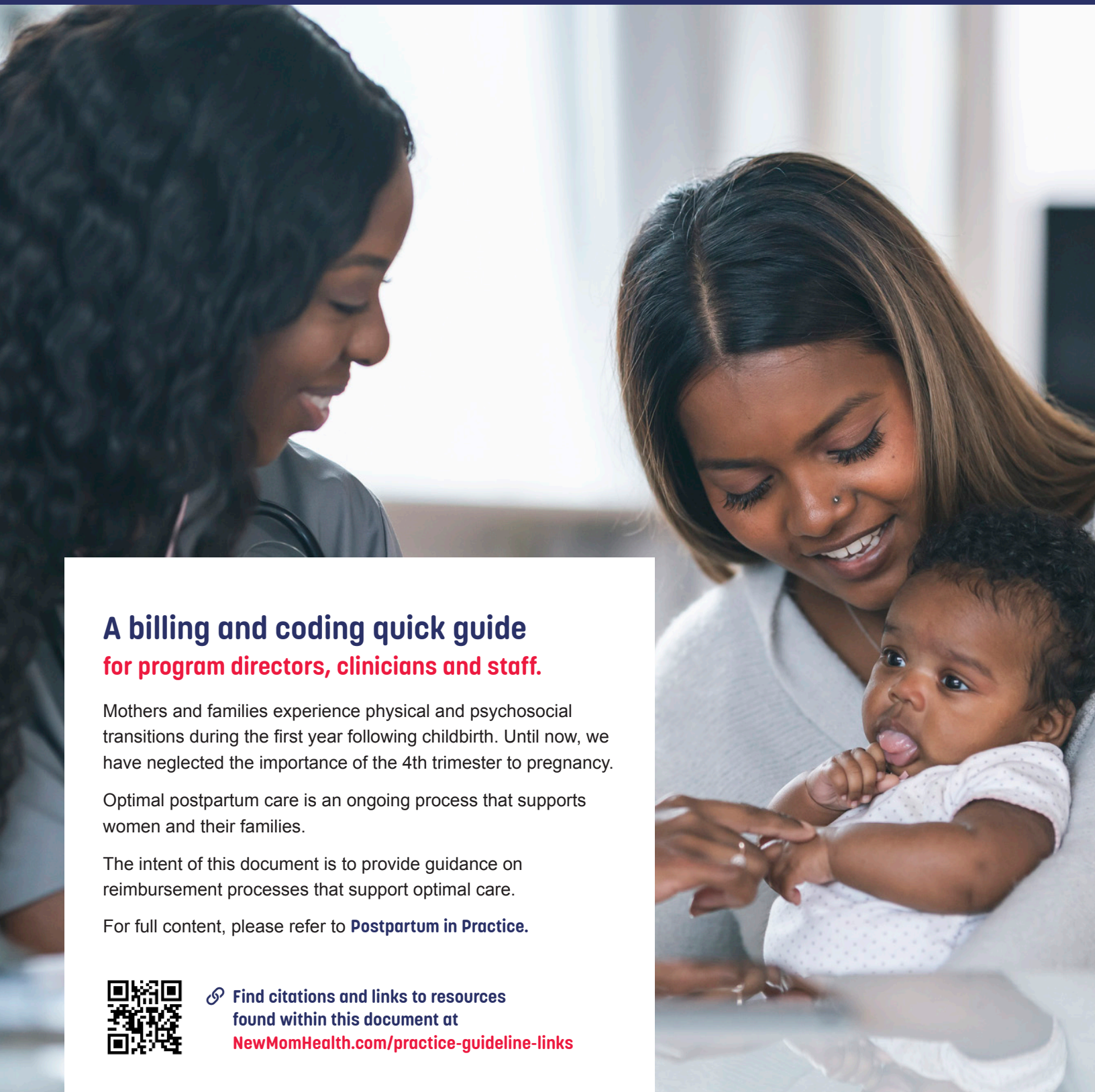




4th trimester  
PROJECT™

Postpartum In Practice  
Coding Bulletin 2020



## A billing and coding quick guide for program directors, clinicians and staff.

Mothers and families experience physical and psychosocial transitions during the first year following childbirth. Until now, we have neglected the importance of the 4th trimester to pregnancy.

Optimal postpartum care is an ongoing process that supports women and their families.

The intent of this document is to provide guidance on reimbursement processes that support optimal care.

For full content, please refer to **Postpartum in Practice**.



Find citations and links to resources  
found within this document at  
[NewMomHealth.com/practice-guideline-links](https://NewMomHealth.com/practice-guideline-links)



# BILLING FOR Postpartum Care

The ability to provide comprehensive postpartum care is dependent upon receiving reimbursement for care delivered. According to NC DMA Clinical Care Coverage Policy 1E6, obstetrics and postpartum care should be billed using the appropriate OB package code.

Providers participating in the North Carolina Medicaid Pregnancy Medical Home (PMH) should use these billing codes prior to billing the S0281 incentive. For more information, please refer to [NC PMH guidance](#).

There is no relationship between the S0280 claim for the risk screening incentive payment and the S0281 claim for the comprehensive postpartum visit; they can be billed by different practices.

## Frequently Asked Questions

### Will S0281 be paid with modifiers?

No, if an Evaluation and Management (E&M) service is used to bill for the postpartum visit, the S0281 will not pay.

### Are LARC devices covered in the OB package?

The insertion of an IUD/implant can be billed on the same date of service as a comprehensive postpartum visit.

## PMH Provider Reimbursement Rates

Vaginal Delivery Code	Procedure	Current Rates		PMH Provider Rates	
		Facility	Non-Facility	Facility	Non-Facility
59400	Global*	\$1,327.53	\$1,327.53	\$1,549.75	\$1,549.75
59425	Antepartum Care 4-6 Visits	\$260.89	\$329.99	\$304.46	\$385.11
59426	Antepartum care 7+ visits	\$461.66	\$590.36	\$538.76	\$688.96
59409	Delivery Only	\$589.45	\$589.45	\$687.89	\$687.89
59430	Postpartum care only	\$96.11	\$105.89	\$112.16	\$123.58
59410	Delivery with postpartum care	\$683.52	\$683.52	\$797.68	\$797.68

Cesarean Delivery Code	Procedure	Current Rates		PMH Provider Rates	
		Facility	Non-Facility	Facility	Non-Facility
59510	Global*	\$1,503.26	\$1,503.26	\$1,503.26	\$1,503.26
59425	Antepartum Care 4-6 Visits	\$260.89	\$329.99	\$304.46	\$385.11
59426	Antepartum care 7+ visits	\$461.66	\$590.36	\$538.76	\$688.96
59409	Delivery Only	\$697.93	\$697.93	\$697.93	\$697.93
59430	Postpartum care only	\$96.11	\$105.89	\$112.16	\$123.58
59410	Delivery with postpartum care	\$822.81	\$822.81	\$822.81	\$822.81

### Be SMART:

The Medicaid Family Planning Program, or “Be SMART” program, is dedicated to increase access to contraception. Family planning/reproductive health services are provided to eligible men and women whose income is at or below 195% of the federal poverty level. For more information about this special Medicaid program, please visit: [Be Smart Family Planning](#).

## Office-Based LARC Table for Medicaid Providers

NC Medicaid covers currently FDA-approved LARC methods. Please visit [CCNC Pregnancy Medical Home](#) for more information.

Product	HCPCS Code	Cost to provider per individual unit*	Physician Drug Program reimbursement rate**	Effective date for this reimbursement rate
Mirena™	J7298-FP	\$953.51	\$1,010.72	1/14/19
Nexplanon™	J7307-FP	\$934.82	\$943.72	5/24/18
Paragard™	J7300-FP	\$884.50	\$937.57	9/30/19
Skyla™	J7301-FP	\$793.96	\$841.60	1/14/19
Liletta™	J7297-FP	\$786.87	\$794.36	1/1/19
Kyleena™	J7296-FP	\$953.51	\$1,010.72	1/14/19

\*Includes antepartum, delivery, and postpartum care



# BILLING FOR Cessation Counseling

Most insurance programs, including Medicaid, Medicare, the NC State Health Plan, and Blue Cross Blue Shield of North Carolina, will reimburse healthcare providers for providing individual cessation counseling for their patients. Here are codes, reimbursement rates, and frequently asked questions about billing for cessation counseling. Reimbursement applies to cessation counseling for any tobacco product, including e-cigarettes and other electronic nicotine delivery systems.

## What diagnosis codes should be used?

The ICD-9 code for tobacco abuse (305.1) has been replaced by the following ICD-10 codes for tobacco/nicotine dependence and environmental tobacco exposure:

- F17.2x** nicotine dependence
- O99.33x** smoking complicating pregnancy, childbirth, and the puerperium
  - P04.2** newborn affected by maternal use of tobacco
  - P96.81** exposure to environmental tobacco smoke in the perinatal period
- T65.2xx** toxic effect of tobacco and nicotine
  - Z57.31** occupational exposure to environmental tobacco smoke
    - Z71.6** tobacco use counseling, not elsewhere classified
    - Z72.0** tobacco use not otherwise specified (NOS)
    - Z77.22** contact with and exposure to environmental tobacco smoke
- Z87.891** history of nicotine dependence

Each of these codes are often used with modifier(s) to specifically define the type of tobacco use or exposure.

For more information, please see:

<http://tinyurl.com/Tobacco-ICD-10>

## How often can the counseling be billed?

**MEDICAID** Unlimited, but a provider may only bill for one counseling session per patient per day.

## Who can bill for this counseling?

In addition to physicians, nurse practitioners, nurse midwives, and physician assistants, these codes can be billed "incident to" the physician by the following professional specialties:

- ✓ Licensed psychologists and psychological associates
- ✓ Licensed clinical social workers
- ✓ Licensed professional counselors
- ✓ Licensed marriage and family counselors
- ✓ Certified clinical nurse specialists
- ✓ Licensed clinical addictions specialists
- ✓ Certified clinical supervisors
- ✓ Registered Nurses working for a county Health Department

## Counseling Codes & Current Reimbursement Rates for Tobacco Cessation

### MEDICAID (ALL PATIENTS)

99406: \$11.57 (3-10 min.) (intermediate)

99407: \$22.36 (>10 min.) (intensive)

### MODIFIERS

**Modifier 25:** is appended to an Evaluation and Management (E&M) service to indicate that a significant and separately identifiable E&M service (tobacco cessation counseling) was provided on the same day

**Modifier 33:** is for use with private payers. It allows providers to identify to insurance that the service was preventive under the ACA, and that patient cost-sharing does not apply.

*As of 1/22/2019*

## Can Health Departments bill Medicaid these codes?

Yes, the same as the general list to the left.

(Medicaid Bulletin: Jan. 2009 Update)

## Can 99406 or 99407 be used for group sessions in Medicaid?

No, these codes are for face-to-face services provided to an individual. NC Medicaid does not reimburse for tobacco treatment group sessions or classes.

## Can providers caring for a woman receiving services through the Be Smart Family Planning State Plan Amendment also bill for cessation counseling?

No, services required to manage or treat non-family-planning medical conditions discovered during a Be Smart Family Planning visit are not covered.

The Quality Family Planning Recommendations do indicate that tobacco screening and counseling should be provided.

## Can providers bill for a prenatal visit and also for cessation counseling at the same time?

Yes.

## Do these same codes work for any Medicaid patient (for example, a woman with a chronic disease in for a blood pressure check who is then counseled about smoking)?

Yes.

## Can providers bill for Screening, Brief Intervention, and Referral to Treatment (SBIRT) and also for tobacco cessation counseling at the same time?

Yes.

## Can behavioral health providers bill for tobacco cessation counseling?

Yes. Refer to these documents for more information:

<http://tinyurl.com/LME-MCOBulletinJ206>

<http://tinyurl.com/LME-MCOBulletinJ148>

## Can pediatric providers bill for tobacco cessation counseling?

Yes, if the patient (child or adolescent) is using tobacco, use codes 99406 or 99407. If the patient is being seen for a sick visit and the illness is related to environmental tobacco exposure, a counseling code can be used for an expanded visit to counsel the parent/guardian about tobacco use and environmental tobacco exposure.



## BILLING FOR Telehealth Services

COVID-19 has changed our methods of providing care and services. During this unprecedented time, policies and practices are constantly changing to ensure that the highest level of care is still available to mothers. The chart below captures the most recently approved telehealth policies. For the most update information on telehealth policies visit the [NC Medicaid Website](#).

Description	Relevant Guidance
Perinatal providers may use telemedicine to provide antepartum and postpartum care to both new and established patients.	<a href="#">Special Bulletin #34</a> (all Medical providers) <a href="#">Special Bulletin # 49</a> specific to perinatal providers)
Perinatal providers may engage with established patients through virtual patient communications, including telephone and patient portal.	<a href="#">Special Bulletin #34</a>
Perinatal providers may be reimbursed for management of patients' blood pressure via self-measured blood pressure monitoring (SMBPM). Reimbursement for Remote Physiologic Monitoring (RPM) is also available. DME coverage is available for automatic blood pressure monitors, scales and portable pulse oximeters.	<a href="#">Special Bulletin #43</a> (Self-measured Blood Pressure Monitoring) <a href="#">Special Bulletin #48</a> (Remote Physiologic Monitoring) <a href="#">Special Bulletin #29</a> (DME coverage for automatic blood pressure monitors); see also <a href="#">Special Bulletin #52</a> (Weight Scales and Portable Pulse Oximeters)
Perinatal providers may be reimbursed for a telemedicine visit conducted with a simultaneous home visit made by an appropriately-trained delegated staff person.	<a href="#">Special Bulletin #78</a> (Hybrid Telemedicine with Supporting Home Visit) <a href="#">Special Bulletin # 49</a>
Perinatal providers may provide a postpartum depression screening during a telemedicine visit, or via telephone or online patient portal communication (if on the same day as, and in advance of, an in-person office or telemedicine visit).	<a href="#">Special Bulletin # 65</a> (Postpartum Depression Screening)
Medical lactation services can be delivered via telehealth to new or established patients.	<a href="#">Special Bulletin #34</a>
Pregnancy Medical Home incentive payments are available in conjunction with care conducted via telemedicine.	<a href="#">Special Bulletin # 49</a>
Interprofessional consultation between a consultative physician and a treating/requesting physician or other qualified health care professional may occur via telemedicine.	<a href="#">Special Bulletin #34</a>



## BILLING FOR Lactation and Nutritional Support

Many factors influence breastfeeding success, including pain, mental and emotional well-being, presence of support people in her life, and support at work. Lactation support providers can help women to be successful. Below are codes that can be used during postpartum visits. Additional guidance can be found in the [Medicaid and Health Choice Clinical Coverage Policy](#).

### What codes can be billed for Medical Lactation?

- 96156** Health behavior assessment, or reassessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)
- 96158** Health behavior intervention, individual, face-to-face; initial 30 minutes
- 96159** Health behavior intervention, individual, face-to-face; each additional 15 minutes

### Who can bill for lactation services?

- ✓ Physicians
- ✓ Nurse Practitioners
- ✓ Physician Assistants
- ✓ Certified Nurse Midwives
- ✓ International Board-Certified Lactation Consultants

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