



CPT® Code 59612 Details

Code Symbols

MIPS : Merit Based Incentive Payment System

♀ : Female

M : Maternity

Code Descriptor

Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)

CPT® Advice

No data Available

Illustration

No data Available.

Fee Schedule

Medicare Physician Fee Schedules (MPFS)

Sources:	2019 National Physician Fee Schedule Relative Value File, GPCI19, NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE CALENDAR YEAR 2019, MCR-MUE-PractitionerServices
Publisher:	CMS
Effective:	July 01, 2019
Medicare Carrier/Locality:	ALASKA** 01-02102
Conversion Factor:	36.0391

Note: A value in "Medicare Fees" does not necessarily indicate payment. Scroll down to see Medicare's status on the code for coverage specifics. Medicare has assigned relative value units (RVUs) to codes the agency does not cover to allow payers that follow the resource based relative value system to have an agreed upon valuation rate.

Code Status A

A = Active Code. These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

Medicare Fees



	National	Adjusted	26	TC	53
Facility	\$949.27	\$1,221.40	\$0.00	\$0.00	\$0.00
Non Facility	\$949.27	\$1,221.40	\$0.00	\$0.00	\$0.00

RVU - Nonfacility					
	National	Adjusted	26	TC	53
Work RVU:	16.09	24.14	0.00	0.00	0.00
PE RVU:	6.11	6.82	0.00	0.00	0.00
Malpractice RVU:	4.14	2.93	0.00	0.00	0.00
Total RVU:	26.34	33.89	0.00	0.00	0.00

RVU - Facility					
	National	Adjusted	26	TC	53
Work RVU:	16.09	24.14	0.00	0.00	0.00
PE RVU:	6.11	6.82	0.00	0.00	0.00
Malpractice RVU:	4.14	2.93	0.00	0.00	0.00
Total RVU:	26.34	33.89	0.00	0.00	0.00

Global & Other Info	
	Global Split
Preoperative %:	0
Intraoperative %:	0
Postoperative %:	0
Total RVU:	0
Global Period (days):	MMM
MMM = Maternity codes; usual global period does not apply.	
Radiology Diagnostic Tests :	99
99 = Concept does not apply	
PC/TC Indicator :	0
0 = Physician Service Codes--Identifies codes that describe physician services. Examples include visits, consultations, and surgical procedures. The concept of PC/TC does not apply since physician services cannot be split into professional and technical components. Modifiers 26 and TC cannot be used with these codes. The RVUS include values for physician work, practice expense and malpractice expense. There are some codes with no work RVUs.	
Endoscopic Base Code :	None

Modifier Guidelines

	Modifier	Rules(Click on rules for Details)
MULT PROC	51	Multiple procedure reduction applies
<p>51 = Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes</p>		
<p>2 = Standard payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50% and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage.</p>		
BILAT SURG	50	No 150% bilateral payment boost
<p>50 = Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier 50 to the appropriate five digit code.</p>		
<p>0 = 150% payment adjustment for bilateral procedures does not apply. If procedure is reported with modifier -50 or with modifiers RT and LT, base the payment for the two sides on the lower of: (a) the total actual charge for both sides or (b) 100% of the fee schedule amount for a single code.</p>		
ASST SURG	80	Assistant payment allowed when supported
<p>80 = Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).</p>		
<p>0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.</p>		
CO-SURG	62	Co-surgeons not permitted
<p>62 = Two Surgeons: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.</p>		
<p>0 = Co-surgeons not permitted for this procedure.</p>		
TEAM SURG	66	Team surgeons not permitted
<p>66 = Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.</p>		
<p>0 = Team surgeons not permitted for this procedure.</p>		



MINIMUM ASST SURG **81** Assistant payment allowed when supported.

81 = Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

ASST SURG (QUALIFIED RESI. NA) **82** Assistant payment allowed when supported.

82 = Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s)

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

PHYSICIAN SUPERVISION ***PS** Concept does not apply.

PS = This field is for use in post payment review.

9 = Concept does not apply

Medically Unlikely Edits

Source: 2019 Medically Unlikely Edits (MUE)

Publisher: CMS

Date: July 01, 2019

Services	MUE	MAI	MUE Rationale
Practitioner Services	2	3	Clinical: Data
DME Supplier Services	NA	NA	NA
Facility Outpatient Services	2	3	Clinical: Data

MAI 1: Line Edit

MUE MAI "1" indicates a claim line edit. When it's appropriate to report units that exceed the MUE, use one or more additional claim lines with an appropriate modifier appended to the code. Payers who apply the MUE will process each claim line separately for payment.

MAI 2: Date of Service Edit: Policy

MUE MAI "2" indicates an absolute date of service (DOS) edit based on policy. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. CMS has not identified any instances in which exceeding an MAI 2 MUE is correct.

MAI 3: Date of Service Edit: Clinical

MUE MAI "3" indicates a date of service (DOS) edit based on clinical benchmarks. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. MACs may pay excess units upon appeal or may bypass the MUE based on documentation of medical necessity.



LCD Details

LCD Details for 59612

The chosen state has no LCD for this code/title. Please search All States to see if another state has an LCD for this code/title.

Article Details for 59612

The chosen state has no Article for this code/title. Please search All States to see if another state has an Article for this code/title.

NCD

No data available.

MEDICARE CCI

0 - Can NOT be billed under any circumstances		
1 - A CCI-associated modifier on the Col. 2 code will override the edit.		
Col B Code	Reason Edit	Modifier Indicator
01958	Anesthesia service included in surgical procedure	0
01960	Anesthesia service included in surgical procedure	0
01967	Anesthesia service included in surgical procedure	0
0213T	Misuse of column two code with column one code	1
0216T	Misuse of column two code with column one code	1
0230T	Anesthesia service included in surgical procedure	0
11000	Misuse of column two code with column one code	1
11001	Misuse of column two code with column one code	1
11004	Misuse of column two code with column one code	1
11005	Misuse of column two code with column one code	1
11006	Misuse of column two code with column one code	1
11042	Misuse of column two code with column one code	1
11043	Misuse of column two code with column one code	1
11044	Misuse of column two code with column one code	1



11045	Misuse of column two code with column one code	1
11046	Misuse of column two code with column one code	1
11047	Misuse of column two code with column one code	1
12001	Misuse of column two code with column one code	1
12002	Misuse of column two code with column one code	1
12004	Misuse of column two code with column one code	1
12005	Misuse of column two code with column one code	1
12006	Misuse of column two code with column one code	1
12007	Misuse of column two code with column one code	1
12011	Misuse of column two code with column one code	1
12013	Misuse of column two code with column one code	1
12014	Misuse of column two code with column one code	1
12015	Misuse of column two code with column one code	1
12016	Misuse of column two code with column one code	1
12017	Misuse of column two code with column one code	1
12018	Misuse of column two code with column one code	1
12020	Misuse of column two code with column one code	1
12021	Misuse of column two code with column one code	1
12031	Misuse of column two code with column one code	1
12032	Misuse of column two code with column one code	1
12034	Misuse of column two code with column one code	1
12035	Misuse of column two code with column one code	1
12036	Misuse of column two code with column one code	1
12037	Misuse of column two code with column one code	1
12041	Misuse of column two code with column one code	1
12042	Misuse of column two code with column one code	1
12044	Misuse of column two code with column one code	1
12045	Misuse of column two code with column one code	1



12046	Misuse of column two code with column one code	1
12047	Misuse of column two code with column one code	1
12051	Misuse of column two code with column one code	1
12052	Misuse of column two code with column one code	1
12053	Misuse of column two code with column one code	1
12054	Misuse of column two code with column one code	1
12055	Misuse of column two code with column one code	1
12056	Misuse of column two code with column one code	1
12057	Misuse of column two code with column one code	1
13100	Misuse of column two code with column one code	1
13101	Misuse of column two code with column one code	1
13102	Misuse of column two code with column one code	1
13120	Misuse of column two code with column one code	1
13121	Misuse of column two code with column one code	1
13122	Misuse of column two code with column one code	1
13131	Misuse of column two code with column one code	1
13132	Misuse of column two code with column one code	1
13133	Misuse of column two code with column one code	1
13151	Misuse of column two code with column one code	1
13152	Misuse of column two code with column one code	1
13153	Misuse of column two code with column one code	1
36000	Standards of medical / surgical practice	1
36410	Standards of medical / surgical practice	1
36591	CPT Manual or CMS manual coding instructions	0
36592	CPT Manual or CMS manual coding instructions	0
51701	Standards of medical / surgical practice	0
51702	Standards of medical / surgical practice	0
59050	Standards of medical / surgical practice	0



59051	Standards of medical / surgical practice	0
59300	HCPCS/CPT procedure code definition	0
59400	HCPCS/CPT procedure code definition	1
59409	HCPCS/CPT procedure code definition	1
59410	HCPCS/CPT procedure code definition	1
59414	CPT "separate procedure" definition	0
59515	HCPCS/CPT procedure code definition	1
59525	HCPCS/CPT procedure code definition	1
59618	Mutually exclusive procedures	1
59620	Mutually exclusive procedures	1
59622	Mutually exclusive procedures	1
61650	Misuse of column two code with column one code	1
62322	Anesthesia service included in surgical procedure	0
62323	Anesthesia service included in surgical procedure	0
62324	Misuse of column two code with column one code	1
62325	Misuse of column two code with column one code	1
62326	Misuse of column two code with column one code	1
62327	Misuse of column two code with column one code	1
64415	Misuse of column two code with column one code	1
64416	Misuse of column two code with column one code	1
64417	Misuse of column two code with column one code	1
64430	Anesthesia service included in surgical procedure	0
64435	Anesthesia service included in surgical procedure	0
64450	Misuse of column two code with column one code	1
64483	Anesthesia service included in surgical procedure	0
64486	Misuse of column two code with column one code	1
64487	Misuse of column two code with column one code	1
64488	Misuse of column two code with column one code	1



64489	Misuse of column two code with column one code	1
64490	Misuse of column two code with column one code	1
64493	Misuse of column two code with column one code	1
69990	Misuse of column two code with column one code	0
96360	Standards of medical / surgical practice	1
96365	Standards of medical / surgical practice	1
96372	Standards of medical / surgical practice	1
96374	Standards of medical / surgical practice	1
96375	Standards of medical / surgical practice	1
96376	Standards of medical / surgical practice	1
96377	Standards of medical / surgical practice	1
96523	CPT Manual or CMS manual coding instructions	0
97597	Misuse of column two code with column one code	1
97598	Misuse of column two code with column one code	1
97602	Misuse of column two code with column one code	1
G0471	Standards of medical / surgical practice	0

Medicaid CCI Edits Alert

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0215T	Misuse of column two code with column one code	1
0216T	Misuse of column two code with column one code	1



0217T	Misuse of column two code with column one code	1
0218T	Misuse of column two code with column one code	1
0230T	Anesthesia service included in surgical procedure	0
0231T	Anesthesia service included in surgical procedure	0
11000	Misuse of column two code with column one code	1
11001	Misuse of column two code with column one code	1
11004	Misuse of column two code with column one code	1
11005	Misuse of column two code with column one code	1
11006	Misuse of column two code with column one code	1
11042	Misuse of column two code with column one code	1
11043	Misuse of column two code with column one code	1
11044	Misuse of column two code with column one code	1
11045	Misuse of column two code with column one code	1
11046	Misuse of column two code with column one code	1
11047	Misuse of column two code with column one code	1
12001	Misuse of column two code with column one code	1
12002	Misuse of column two code with column one code	1
12004	Misuse of column two code with column one code	1
12005	Misuse of column two code with column one code	1
12006	Misuse of column two code with column one code	1
12007	Misuse of column two code with column one code	1
12011	Misuse of column two code with column one code	1
12013	Misuse of column two code with column one code	1
12014	Misuse of column two code with column one code	1
12015	Misuse of column two code with column one code	1
12016	Misuse of column two code with column one code	1
12017	Misuse of column two code with column one code	1
12018	Misuse of column two code with column one code	1



12020	Misuse of column two code with column one code	1
12021	Misuse of column two code with column one code	1
12031	Misuse of column two code with column one code	1
12032	Misuse of column two code with column one code	1
12034	Misuse of column two code with column one code	1
12035	Misuse of column two code with column one code	1
12036	Misuse of column two code with column one code	1
12037	Misuse of column two code with column one code	1
12041	Misuse of column two code with column one code	1
12042	Misuse of column two code with column one code	1
12044	Misuse of column two code with column one code	1
12045	Misuse of column two code with column one code	1
12046	Misuse of column two code with column one code	1
12047	Misuse of column two code with column one code	1
12051	Misuse of column two code with column one code	1
12052	Misuse of column two code with column one code	1
12053	Misuse of column two code with column one code	1
12054	Misuse of column two code with column one code	1
12055	Misuse of column two code with column one code	1
12056	Misuse of column two code with column one code	1
12057	Misuse of column two code with column one code	1
13100	Misuse of column two code with column one code	1
13101	Misuse of column two code with column one code	1
13102	Misuse of column two code with column one code	1
13120	Misuse of column two code with column one code	1
13121	Misuse of column two code with column one code	1
13122	Misuse of column two code with column one code	1
13131	Misuse of column two code with column one code	1



13132	Misuse of column two code with column one code	1
13133	Misuse of column two code with column one code	1
13151	Misuse of column two code with column one code	1
13152	Misuse of column two code with column one code	1
13153	Misuse of column two code with column one code	1
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59050	Standards of medical / surgical practice	0
59051	Standards of medical / surgical practice	0
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59400	HCPCS/CPT procedure code definition	1
59409	HCPCS/CPT procedure code definition	1
59410	HCPCS/CPT procedure code definition	1
59414	CPT "separate procedure" definition	0
59515	HCPCS/CPT procedure code definition	1
59525	HCPCS/CPT procedure code definition	1
59618	Mutually exclusive procedures	1
59620	Mutually exclusive procedures	1
59622	Mutually exclusive procedures	1
61650	Misuse of column two code with column one code	1
62322	Anesthesia service included in surgical procedure	0
62323	Anesthesia service included in surgical procedure	0
62324	Misuse of column two code with column one code	1
62325	Misuse of column two code with column one code	1



62326	Misuse of column two code with column one code	1
62327	Misuse of column two code with column one code	1
64415	Misuse of column two code with column one code	1
64416	Misuse of column two code with column one code	1
64417	Misuse of column two code with column one code	1
64430	Anesthesia service included in surgical procedure	0
64435	Anesthesia service included in surgical procedure	0
64450	Misuse of column two code with column one code	1
64483	Anesthesia service included in surgical procedure	0
64484	Anesthesia service included in surgical procedure	0
64486	Misuse of column two code with column one code	1
64487	Misuse of column two code with column one code	1
64488	Misuse of column two code with column one code	1
64489	Misuse of column two code with column one code	1
64490	Misuse of column two code with column one code	1
64491	Misuse of column two code with column one code	1
64492	Misuse of column two code with column one code	1
64493	Misuse of column two code with column one code	1
64494	Misuse of column two code with column one code	1
64495	Misuse of column two code with column one code	1
69990	Misuse of column two code with column one code	0
96360	Standards of medical / surgical practice	1
96365	Standards of medical / surgical practice	1
96372	Standards of medical / surgical practice	1
96374	Standards of medical / surgical practice	1
96375	Standards of medical / surgical practice	1
96376	Standards of medical / surgical practice	1
96377	Standards of medical / surgical practice	1



96523	CPT Manual or CMS manual coding instructions	0
97597	Misuse of column two code with column one code	1
97598	Misuse of column two code with column one code	1
97602	Misuse of column two code with column one code	1
G0471	Standards of medical / surgical practice	0

ICD-10 Crossref

O09.00 : Supervision of pregnancy with history of infertility, unspecified trimester
 O09.522 : Supervision of elderly multigravida, second trimester
 O09.523 : Supervision of elderly multigravida, third trimester
 O09.892 : Supervision of other high risk pregnancies, second trimester
 O09.893 : Supervision of other high risk pregnancies, third trimester
 O09.899 : Supervision of other high risk pregnancies, unspecified trimester
 O10.012 : Pre-existing essential hypertension complicating pregnancy, second trimester
 O10.013 : Pre-existing essential hypertension complicating pregnancy, third trimester
 O10.02 : Pre-existing essential hypertension complicating childbirth
 O10.112 : Pre-existing hypertensive heart disease complicating pregnancy, second trimester
 O10.113 : Pre-existing hypertensive heart disease complicating pregnancy, third trimester
 O10.12 : Pre-existing hypertensive heart disease complicating childbirth
 O10.212 : Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
 O10.213 : Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
 O10.22 : Pre-existing hypertensive chronic kidney disease complicating childbirth
 O10.312 : Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
 O10.313 : Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
 O10.32 : Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
 O10.412 : Pre-existing secondary hypertension complicating pregnancy, second trimester
 O10.413 : Pre-existing secondary hypertension complicating pregnancy, third trimester
 O10.42 : Pre-existing secondary hypertension complicating childbirth
 O10.912 : Unspecified pre-existing hypertension complicating pregnancy, second trimester
 O10.913 : Unspecified pre-existing hypertension complicating pregnancy, third trimester
 O10.92 : Unspecified pre-existing hypertension complicating childbirth
 O11.2 : Pre-existing hypertension with pre-eclampsia, second trimester
 O11.3 : Pre-existing hypertension with pre-eclampsia, third trimester
 O11.4 : Pre-existing hypertension with pre-eclampsia, complicating childbirth
 O11.5 : Pre-existing hypertension with pre-eclampsia, complicating the puerperium
 O13.2 : Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
 O13.3 : Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
 O13.4 : Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
 O14.02 : Mild to moderate pre-eclampsia, second trimester
 O14.03 : Mild to moderate pre-eclampsia, third trimester
 O14.04 : Mild to moderate pre-eclampsia, complicating childbirth
 O14.12 : Severe pre-eclampsia, second trimester
 O14.13 : Severe pre-eclampsia, third trimester
 O14.14 : Severe pre-eclampsia complicating childbirth
 O14.22 : HELLP syndrome (HELLP), second trimester
 O14.23 : HELLP syndrome (HELLP), third trimester
 O14.24 : HELLP syndrome, complicating childbirth



O14.25 : HELLP syndrome, complicating the puerperium
O14.92 : Unspecified pre-eclampsia, second trimester
O14.93 : Unspecified pre-eclampsia, third trimester
O14.94 : Unspecified pre-eclampsia, complicating childbirth
O15.02 : Eclampsia complicating pregnancy, second trimester
O15.03 : Eclampsia complicating pregnancy, third trimester
O15.1 : Eclampsia complicating labor
O16.2 : Unspecified maternal hypertension, second trimester
O16.3 : Unspecified maternal hypertension, third trimester
O16.4 : Unspecified maternal hypertension, complicating childbirth
O20.0 : Threatened abortion
O21.2 : Late vomiting of pregnancy
O24.415 : Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.419 : Gestational diabetes mellitus in pregnancy, unspecified control
O24.425 : Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.429 : Gestational diabetes mellitus in childbirth, unspecified control
O24.435 : Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O25.2 : Malnutrition in childbirth
O26.12 : Low weight gain in pregnancy, second trimester
O26.13 : Low weight gain in pregnancy, third trimester
O26.42 : Herpes gestationis, second trimester
O26.43 : Herpes gestationis, third trimester
O26.52 : Maternal hypotension syndrome, second trimester
O26.53 : Maternal hypotension syndrome, third trimester
O26.612 : Liver and biliary tract disorders in pregnancy, second trimester
O26.613 : Liver and biliary tract disorders in pregnancy, third trimester
O26.62 : Liver and biliary tract disorders in childbirth
O26.812 : Pregnancy related exhaustion and fatigue, second trimester
O26.813 : Pregnancy related exhaustion and fatigue, third trimester
O26.822 : Pregnancy related peripheral neuritis, second trimester
O26.823 : Pregnancy related peripheral neuritis, third trimester
O26.892 : Other specified pregnancy related conditions, second trimester
O26.893 : Other specified pregnancy related conditions, third trimester
O30.002 : Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.003 : Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.202 : Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.203 : Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.802 : Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.803 : Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.92 : Multiple gestation, unspecified, second trimester
O30.93 : Multiple gestation, unspecified, third trimester
O31.32X0 : Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, not applicable or unspecified
O31.33X0 : Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, not applicable or unspecified
O31.8X20 : Other complications specific to multiple gestation, second trimester, not applicable or unspecified



031.8X30 : Other complications specific to multiple gestation, third trimester, not applicable or unspecified
032.1XX0 : Maternal care for breech presentation, not applicable or unspecified
032.3XX0 : Maternal care for face, brow and chin presentation, not applicable or unspecified
032.8XX0 : Maternal care for other malpresentation of fetus, not applicable or unspecified
034.211 : Maternal care for low transverse scar from previous cesarean delivery
034.212 : Maternal care for vertical scar from previous cesarean delivery
034.219 : Maternal care for unspecified type scar from previous cesarean delivery
036.4XX0 : Maternal care for intrauterine death, not applicable or unspecified
036.5120 : Maternal care for known or suspected placental insufficiency, second trimester, not applicable or unspecified
036.5130 : Maternal care for known or suspected placental insufficiency, third trimester, not applicable or unspecified
036.5920 : Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspecified
036.5930 : Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspecified
036.62X0 : Maternal care for excessive fetal growth, second trimester, not applicable or unspecified
036.63X0 : Maternal care for excessive fetal growth, third trimester, not applicable or unspecified
036.8920 : Maternal care for other specified fetal problems, second trimester, not applicable or unspecified
036.8930 : Maternal care for other specified fetal problems, third trimester, not applicable or unspecified
036.92X0 : Maternal care for fetal problem, unspecified, second trimester, not applicable or unspecified
036.93X0 : Maternal care for fetal problem, unspecified, third trimester, not applicable or unspecified
040.2XX0 : Polyhydramnios, second trimester, not applicable or unspecified
040.3XX0 : Polyhydramnios, third trimester, not applicable or unspecified
041.02X0 : Oligohydramnios, second trimester, not applicable or unspecified
041.03X0 : Oligohydramnios, third trimester, not applicable or unspecified
043.102 : Malformation of placenta, unspecified, second trimester
043.103 : Malformation of placenta, unspecified, third trimester
043.812 : Placental infarction, second trimester
043.813 : Placental infarction, third trimester
043.92 : Unspecified placental disorder, second trimester
043.93 : Unspecified placental disorder, third trimester
044.02 : Complete placenta previa NOS or without hemorrhage, second trimester
044.03 : Complete placenta previa NOS or without hemorrhage, third trimester
044.12 : Complete placenta previa with hemorrhage, second trimester
044.13 : Complete placenta previa with hemorrhage, third trimester
044.20 : Partial placenta previa NOS or without hemorrhage, unspecified trimester
044.22 : Partial placenta previa NOS or without hemorrhage, second trimester
044.23 : Partial placenta previa NOS or without hemorrhage, third trimester
044.30 : Partial placenta previa with hemorrhage, unspecified trimester
044.32 : Partial placenta previa with hemorrhage, second trimester
044.33 : Partial placenta previa with hemorrhage, third trimester
044.40 : Low lying placenta NOS or without hemorrhage, unspecified trimester
044.42 : Low lying placenta NOS or without hemorrhage, second trimester
044.43 : Low lying placenta NOS or without hemorrhage, third trimester
044.50 : Low lying placenta with hemorrhage, unspecified trimester
044.52 : Low lying placenta with hemorrhage, second trimester
044.53 : Low lying placenta with hemorrhage, third trimester
045.002 : Premature separation of placenta with coagulation defect, unspecified, second trimester
045.003 : Premature separation of placenta with coagulation defect, unspecified, third trimester
045.012 : Premature separation of placenta with afibrinogenemia, second trimester
045.013 : Premature separation of placenta with afibrinogenemia, third trimester



O45.022 : Premature separation of placenta with disseminated intravascular coagulation, second trimester
O45.023 : Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45.092 : Premature separation of placenta with other coagulation defect, second trimester
O45.093 : Premature separation of placenta with other coagulation defect, third trimester
O45.8X2 : Other premature separation of placenta, second trimester
O45.8X3 : Other premature separation of placenta, third trimester
O45.92 : Premature separation of placenta, unspecified, second trimester
O45.93 : Premature separation of placenta, unspecified, third trimester
O46.002 : Antepartum hemorrhage with coagulation defect, unspecified, second trimester
O46.003 : Antepartum hemorrhage with coagulation defect, unspecified, third trimester
O46.012 : Antepartum hemorrhage with afibrinogenemia, second trimester
O46.013 : Antepartum hemorrhage with afibrinogenemia, third trimester
O46.022 : Antepartum hemorrhage with disseminated intravascular coagulation, second trimester
O46.023 : Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
O46.092 : Antepartum hemorrhage with other coagulation defect, second trimester
O46.093 : Antepartum hemorrhage with other coagulation defect, third trimester
O46.8X2 : Other antepartum hemorrhage, second trimester
O46.8X3 : Other antepartum hemorrhage, third trimester
O46.92 : Antepartum hemorrhage, unspecified, second trimester
O46.93 : Antepartum hemorrhage, unspecified, third trimester
O48.0 : Post-term pregnancy
O48.1 : Prolonged pregnancy
O60.12X0 : Preterm labor second trimester with preterm delivery second trimester, not applicable or unspecified
O60.13X0 : Preterm labor second trimester with preterm delivery third trimester, not applicable or unspecified
O60.14X0 : Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified
O60.20X0 : Term delivery with preterm labor, unspecified trimester, not applicable or unspecified
O60.20X1 : Term delivery with preterm labor, unspecified trimester, fetus 1
O60.20X2 : Term delivery with preterm labor, unspecified trimester, fetus 2
O60.20X3 : Term delivery with preterm labor, unspecified trimester, fetus 3
O60.20X4 : Term delivery with preterm labor, unspecified trimester, fetus 4
O60.20X5 : Term delivery with preterm labor, unspecified trimester, fetus 5
O60.20X9 : Term delivery with preterm labor, unspecified trimester, other fetus
O60.22X1 : Term delivery with preterm labor, second trimester, fetus 1
O60.22X2 : Term delivery with preterm labor, second trimester, fetus 2
O60.22X3 : Term delivery with preterm labor, second trimester, fetus 3
O60.22X4 : Term delivery with preterm labor, second trimester, fetus 4
O60.22X5 : Term delivery with preterm labor, second trimester, fetus 5
O60.22X9 : Term delivery with preterm labor, second trimester, other fetus
O60.23X1 : Term delivery with preterm labor, third trimester, fetus 1
O60.23X2 : Term delivery with preterm labor, third trimester, fetus 2
O60.23X3 : Term delivery with preterm labor, third trimester, fetus 3
O60.23X4 : Term delivery with preterm labor, third trimester, fetus 4
O60.23X5 : Term delivery with preterm labor, third trimester, fetus 5
O60.23X9 : Term delivery with preterm labor, third trimester, other fetus
O67.0 : Intrapartum hemorrhage with coagulation defect
O67.8 : Other intrapartum hemorrhage
O67.9 : Intrapartum hemorrhage, unspecified
O68 : Labor and delivery complicated by abnormality of fetal acid-base balance
O70.0 : First degree perineal laceration during delivery
O70.1 : Second degree perineal laceration during delivery
O70.20 : Third degree perineal laceration during delivery, unspecified
O70.21 : Third degree perineal laceration during delivery, IIIa



070.22 : Third degree perineal laceration during delivery, IIIb
070.23 : Third degree perineal laceration during delivery, IIIc
070.3 : Fourth degree perineal laceration during delivery
070.4 : Anal sphincter tear complicating delivery, not associated with third degree laceration
070.9 : Perineal laceration during delivery, unspecified
071.3 : Obstetric laceration of cervix
071.4 : Obstetric high vaginal laceration alone
071.5 : Other obstetric injury to pelvic organs
071.6 : Obstetric damage to pelvic joints and ligaments
071.7 : Obstetric hematoma of pelvis
071.82 : Other specified trauma to perineum and vulva
071.9 : Obstetric trauma, unspecified
074.1 : Other pulmonary complications of anesthesia during labor and delivery
074.2 : Cardiac complications of anesthesia during labor and delivery
074.3 : Central nervous system complications of anesthesia during labor and delivery
074.8 : Other complications of anesthesia during labor and delivery
074.9 : Complication of anesthesia during labor and delivery, unspecified
075.0 : Maternal distress during labor and delivery
075.1 : Shock during or following labor and delivery
075.4 : Other complications of obstetric surgery and procedures
077.0 : Labor and delivery complicated by meconium in amniotic fluid
080 : Encounter for full-term uncomplicated delivery
099.284 : Endocrine, nutritional and metabolic diseases complicating childbirth
099.810 : Abnormal glucose complicating pregnancy
099.814 : Abnormal glucose complicating childbirth
099.89 : Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
Z03.71 : Encounter for suspected problem with amniotic cavity and membrane ruled out
Z34.80 : Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.90 : Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z37.0 : Single live birth
Z37.1 : Single stillbirth
Z37.2 : Twins, both liveborn
Z37.3 : Twins, one liveborn and one stillborn
Z37.4 : Twins, both stillborn
Z37.59 : Other multiple births, all liveborn
Z37.69 : Other multiple births, some liveborn
Z37.7 : Other multiple births, all stillborn

HCPCS Crossref

No data available.

Anesthesia Crossref

01967

Base Unit Value: 5 : Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)

Alternate Codes

01960



Base Unit Value: 5 : Anesthesia for vaginal delivery only

Anesthesia Tips: N/A

Modifier Crossref

22 : Increased Procedural Services
47 : Anesthesia by Surgeon
51 : Multiple Procedures
52 : Reduced Services
53 : Discontinued Procedure
58 : Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59 : Distinct Procedural Service
63 : Procedure Performed on Infants less than 4 kg
76 : Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77 : Repeat Procedure by Another Physician or Other Qualified Health Care Professional
79 : Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80 : Assistant Surgeon
81 : Minimum Assistant Surgeon
82 : Assistant Surgeon (when qualified resident surgeon not available)
99 : Multiple Modifiers
AQ : Physician providing a service in an unlisted health professional shortage area (hpsa)
AR : Physician provider services in a physician scarcity area
AS : Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
CR : Catastrophe/disaster related
ET : Emergency services
GA : Waiver of liability statement issued as required by payer policy, individual case
GB : Claim being re-submitted for payment because it is no longer covered under a global payment demonstration
GC : This service has been performed in part by a resident under the direction of a teaching physician
GJ : "opt out" physician or practitioner emergency or urgent service
GR : This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with va policy
HD : Pregnant/parenting women's program
KX : Requirements specified in the medical policy have been met
Q5 : Service furnished under a reciprocal billing arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area
Q6 : Service furnished under a fee-for-time compensation arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area
QJ : Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 cfr 411.4 (b)
SB : Nurse midwife
TH : Obstetrical treatment/services, prenatal or postpartum
XE : Separate encounter, a service that is distinct because it occurred during a separate encounter
XP : Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS : Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU : Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service



CPT® Lay Terms

In this procedure, the provider provides admission to the hospital for delivery, intensive labor management, including fetal monitoring, use of low forceps, and episiotomy, vaginal delivery of the fetus and placenta, and care immediately after delivery on the same date of service.

Clinical Responsibility

Intrapartum Care: Management of labor usually begins when the patient informs the provider that she thinks she is in labor or presents to the hospital in apparent labor. If the patient calls the provider about labor, he advises the patient when to come to hospital, alerts hospital personnel of the patient's arrival, and provides initial instructions for the patient's care. With a vaginal birth after cesarean, or VBAC, the provider must usually be at the hospital soon after the patient arrives. The provider performs an initial history and physical examination at the time of admission to determine that labor has indeed begun, assesses the mother's and fetus' condition, develops a treatment plan, and communicates with nursing staff. After the initial evaluation, the provider periodically reevaluates the condition of his patient and her fetus throughout the course of labor and alters the treatment plan as necessary. Monitoring of the VBAC patient occurs with greater frequency and is more intense than monitoring of other patients in labor because of the risk of uterine rupture, and often requires the constant presence of the provider. In addition to bedside evaluation of the patient, the physician consults with anesthesiologists, operating and delivery room staff, and a pediatrician or neonatologist.

During labor, the provider may administer regional or local anesthesia to ease labor pains. He then continually monitors uterine contractions and the fetal heart rate using external monitors he places on the mother's abdomen. The provider may instruct the patient on breathing technique, check the uterine contractions for regularity, and perform a vaginal examination to determine position of the fetal head. When he sees the dilation of the cervix is fully or nearly fully complete, he moves the patient to the delivery room, and the patient is prepped and draped. The provider instructs the patient to begin pushing the baby at this stage, and when the baby's head begins to show through the vaginal opening, called crowning, the provider may perform a few maneuvers with the baby's emerging body to facilitate a smooth and better delivery. He may use low forceps to assist in the delivery of the head and shoulders, or apply a vacuum extractor in some cases. He may also perform an episiotomy when the perineum does not stretch adequately, and it obstructs delivery. Once the head comes out, the provider gently supports the whole body with his hand so the body can rotate and come out through the birth canal. After the delivery is complete, the provider removes the placenta and incises the umbilical cord. The provider inspects the cervix and vagina for lacerations, repairs the episiotomy incision, and repairs any minor vaginal or cervical lacerations as well.

Immediate Postpartum Care: The provider transfers the patient to recovery. He writes orders for aftercare including monitoring vital signs, pain management if necessary, patient diet, and ambulation.

Terminology

Cesarean section, C section: A surgical procedure to deliver an infant through an incision rather than vaginally; also called a surgical birth or a cesarean delivery.

Cervix: Fleishy end of the uterus that juts into the vaginal canal, which consists of an outer opening, called the exocervix or ectocervix, middle section, called the transformation zone, where the squamous and columnar cells meet, and inner portion that opens into the body of the uterus, called the endocervix; menstrual blood passes from the uterine lining into the cervix and out into the vaginal canal.

Episiotomy: An incision made in the perineum to allow passage of the baby's head and to prevent ragged tearing of the perineal tissues.



Forceps: A two bladed instrument used to compress or grasp.

Forceps delivery: One of three types of delivery with forceps may occur, but they are still part of intrapartum care; a provider uses outlet forceps when the baby's scalp is visible at the vaginal opening; low forceps when the baby's head is at +2 station or lower; and midforceps when the baby's head is above +2 station, but the head is engaged.

Intrapartum period: Period from the onset of labor to the complete expulsion of the placenta.

Perineum: The short stretch of skin that starts at the bottom of the vulva, the external female genital organs, and continues to the anal opening.

Placenta: A special layer developed during pregnancy to protect and nourish the fetus.

Umbilical cord: The connecting stalk between the fetus and the placenta, normally containing two umbilical arteries and one umbilical vein; the umbilical vein supplies the fetus with oxygenated, nutrient rich blood from the placenta and the umbilical arteries transport deoxygenated, nutrient depleted blood from the fetal heart back to the placenta.

Uterus: A hollow, muscular, pear shaped organ located between the base of the bladder and the rectum; it bends forward at its narrowest part, called the isthmus, and rests on the bladder; the body of the uterus is the widest part, and it lies above the isthmus; the cervix forms the lower part of the uterus and is below the isthmus and juts into the vaginal canal.

Vacuum extraction: Placement of a bell shaped cup on the baby's head and application of vacuum pressure to create suction on the baby's head; the provider then pulls on the device he attaches to the cup at the same time as the mother indicates a contraction is beginning, and he continues throughout the full contraction; at the end of the contraction the provider stops pulling and waits for the next contraction, continuing until the baby's head begins to exit the vaginal opening.

Vagina: A canal made up of muscle lined with a mucous membrane that can stretch due to folds in the membrane; it extends from the vestibule area to where the cervix butts up against the vaginal vault; it is longer on the posterior wall, the side located above the rectum, than the anterior wall, the side located below the bladder.

Vaginal birth after cesarean, or VBAC: The practice of delivering a baby vaginally after a previous baby has been delivered through caesarean section.

Tips

Add modifier 22, Unusual procedural service, to 59612 when the provider's work is greater than normal; this may occur because the labor management or delivery was significantly more work than for routine care; detailed documentation is necessary to get additional reimbursement.

If the provider who delivers the baby also provides inpatient postpartum care, he may report this in addition. However, if the provider will be providing outpatient postpartum care as well, report 59614, Vaginal delivery only, after previous cesarean delivery, with or without episiotomy and or forceps; including postpartum care instead.

CPT® Guidelines

Range Specific Guideline

Patients who have had a previous cesarean delivery and now present with the expectation of a vaginal delivery are coded using codes 59610-59622. If the patient has a successful vaginal delivery after a previous cesarean delivery



(VBAC), use codes 59610-59614. If the attempt is unsuccessful and another cesarean delivery is carried out, use codes 59618-59622. To report elective cesarean deliveries use code 59510, 59514 or 59515.

Section Specific Guideline

The services normally provided in uncomplicated maternity cases include antepartum care, delivery, and postpartum care. Pregnancy confirmation during a problem oriented or preventive visit is not considered a part of antepartum care and should be reported using the appropriate E/M service codes 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99384, 99385, 99386, 99394, 99395, 99396 for that visit.

Antepartum care includes the initial prenatal history and physical examination; subsequent prenatal history and physical examinations; recording of weight, blood pressures, fetal heart tones, routine chemical urinalysis, and monthly visits up to 28 weeks gestation; biweekly visits to 36 weeks gestation; and weekly visits until delivery. Any other visits or services within this time period should be coded separately.

Delivery services include admission to the hospital, the admission history and physical examination, management of uncomplicated labor, vaginal delivery (with or without episiotomy, with or without forceps), or cesarean delivery. When reporting delivery only services (59409, 59514, 59612, 59620), report inpatient postdelivery management and discharge services using Evaluation and Management Services codes (99217-99239). Delivery and postpartum services (59410, 59515, 59614, 59622) include delivery services and all inpatient and outpatient postpartum services. Medical complications of pregnancy (eg, cardiac problems, neurological problems, diabetes, hypertension, toxemia, hyperemesis, preterm labor, premature rupture of membranes, trauma) and medical problems complicating labor and delivery management may require additional resources and may be reported separately.

Postpartum care only services (59430) include office or other outpatient visits following vaginal or cesarean section delivery.

For surgical complications of pregnancy (eg, appendectomy, hernia, ovarian cyst, Bartholin cyst), see services in the Surgery section.

If all or part of the antepartum and/or postpartum patient care is provided except delivery due to termination of pregnancy by abortion or referral to another physician or other qualified health care professional for delivery, see the antepartum and postpartum care codes 59425, 59426, and 59430.

(For circumcision of newborn, see 54150, 54160)

OPPS

Carrier/Locality : National
Conversion Factor : 36.0391

OPPS Freestanding

Not a Qualified ASC service

OPPS Hospital Based



APC: 5414

APC descriptor: Level 4 Gynecologic Procedures

Status indicator: J1

Status Definition: Hospital Part B services paid through a comprehensive APC

OPPS Payment Status: Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS SI=F,G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.

Changed since last quarter: N

Medicare payment rate: \$2,361.27

Nat'l unadjusted copay: \$0.00

Min unadjusted copay: \$472.26

Upcoming and Historical Information

01-01-2010	Code Changed
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Previous Descriptor

Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);

01-01-1996	Code Added
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