



**The American College of  
Obstetricians and Gynecologists**  
WOMEN'S HEALTH CARE PHYSICIANS

**Office of Management and Budget and the American College of Obstetricians and Gynecologists**

**EO 12866 Meeting on CY 2021 Revisions to the Medicare Physician Fee Schedule and Other Revisions  
to Medicare Part B (CMS-1734)**

**May 28, 2020 at 2pm ET**

**Background: Global Obstetric (MMM) Codes and Services Valued in Each Code**

***Table 1: All 17 obstetric codes and the number of outpatient Evaluation and Management (E/M) visits included in each***

<b>CPT Code and Abbreviated Description</b>	<b>Phases of Care Included</b>	<b>E/M Visits Valued</b>
59400 – Routine obstetric care for a vaginal delivery	Prenatal, intrapartum, postpartum	13
59409 – Vaginal delivery only	Intrapartum	0
59410 – Vaginal delivery and postpartum care	Intrapartum, postpartum	1
59414 – Delivery of placenta (separate procedure)	Intrapartum	0
59412 – External cephalic version with or without tocolysis	Intrapartum	0
59425 – Reported for 4-6 prenatal care visits	Prenatal	4
59426 – Reported for 7+ prenatal care visits	Prenatal	9
59430 – Postpartum care only		2
59510 – Routine obstetric care for cesarean delivery	Prenatal, intrapartum, postpartum	14
59514 – Cesarean delivery only	Intrapartum	0
59515 – Cesarean delivery and postpartum care	Intrapartum, postpartum	2
59610 – Routine obstetric care for vaginal delivery after previous cesarean delivery	Prenatal, Intrapartum, postpartum	13
59612 – Vaginal delivery after previous cesarean delivery only	Intrapartum	0
59614 – Vaginal delivery after previous cesarean delivery and postpartum care	Intrapartum, postpartum	1
59618 – Routine obstetric care for cesarean delivery after attempted vaginal delivery after previous cesarean delivery	Prenatal, intrapartum, postpartum	14
59620 - Cesarean delivery after attempted vaginal delivery after previous cesarean delivery only	Intrapartum	0
59622 – Cesarean delivery after attempted vaginal delivery after previous cesarean delivery and postpartum care	Intrapartum, postpartum	2

## ***Services Valued in Global Obstetric Codes***

The global obstetric codes (CPT 59400, 59510, 59610, and 59618) include almost 12 months of care:

### *Antepartum services (approximately 13 visits):*

- the initial and subsequent history
- physical examinations, medical decision making, counseling
- recording of weight, blood pressure, and fetal heart tones
- routine urine dipstick analysis
- detailed genetic risk assessment
- monthly outpatient E/M visits up to 28 weeks gestation
- biweekly outpatient E/M visits up to 36 weeks gestation
- weekly outpatient E/M visits from 36 weeks gestation until delivery

### *Delivery services:*

- hospital admission history and physical examination
- management of uncomplicated labor
- vaginal or cesarean delivery
- Delivery of the placenta
- Laceration repair

### *Postpartum services (traditionally 6 weeks after delivery; 90 days for Medicare for a cesarean delivery, 60 days in Medicaid statute)*

- routine inpatient services
- routine E/M office visits

The number and timing of E/M office visits valued within the global codes is based on evidence-based guidance from ACOG and the American Academy of Pediatrics. The *Guidelines for Perinatal Care* state that “a woman with an uncomplicated first pregnancy is examined every 4 weeks for the first 28 weeks of gestation, every 2 weeks until 36 weeks of gestation, and weekly thereafter.”

## **Impact of the 2021 Changes to Outpatient E/M Services on the Global Obstetric Codes**

***Table 2: Value and payment rate of CPT Code 59400 (Global obstetric care with a vaginal delivery) if 2021 E/M increases are implemented as finalized***

	Total Work RVUs for E/M	Total Work RVUs	Total Facility RVUs	Estimated Conversion Factor	Medicare Facility National Payment
2020	12.69	32.16	60.43	36.09	<b>\$2,180.21</b>
2021	12.69	32.16	60.43	33.17	<b>\$2,004.46</b>

**Table 3: Change in work RVUs assigned to CPT 59400 if 2021 E/M increases are applied to the global obstetric codes**

CPT Code	Units in Global	2020 Work RVUs	Total 2020 Work RVUs	2021 Work RVU	Total 2021 Work RVUs (with updated E/M values)
99212	2	.48	.96	.70	1.40
99213	9	.97	8.73	1.30	11.70
99214	2	1.50	3.00	1.92	3.84
<b>Total</b>	<b>13</b>		<b>12.69</b>		<b>16.94</b>

**Table 4: Value and payment rate of CPT Code 59400 if 2021 E/M increases are applied to the global obstetric codes**

	Total Work RVUs for E/M	Total Work RVUs	Total Facility RVUs	Estimated Conversion Factor	Medicare Facility National Payment
2020	12.69	32.16	60.43	36.09	<b>\$2,180.21</b>
2021	12.69	32.16	60.43	33.17	<b>\$2,004.46</b>
2021 updated	16.94	36.41	64.68	33.17	<b>\$2,145.44</b>

#### **Internal Analysis on Visit Utilization Data**

An internal analysis on the average number of visits performed per patient throughout the perinatal period supports the inclusion of 13 outpatient E/M visits in the global obstetric codes.

**Table 5: Results of an internal analysis to determine the number of visits performed per pregnancy**

	Small Sample	Large Sample	+/- 1 Standard Dev	+/- 1.5 Standard Dev
Number of pregnancies in the sample	585	25,616	16,700	21,508
Average # of outpatient E/M visits	12.64	11.72	12.85	12.52
Median # of outpatient E/M visits	13	13	13	13

#### **Impact of the 2021 E/M Changes on Access to Care for Medicaid Enrollees**

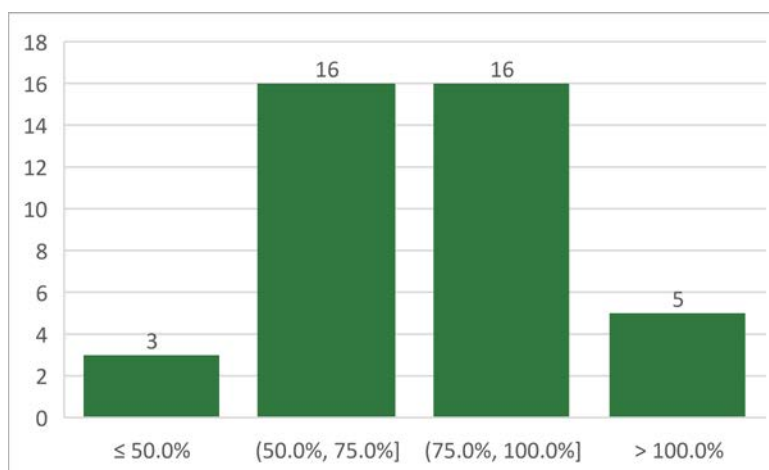
##### ***Birth Rate and Payer Mix***

- In 2018 there were 3,791,712 total births<sup>1</sup>
  - Medicaid was the source of payment for 43 percent of births nationally<sup>2</sup>
    - Range: 25.3 percent (North Dakota) – 62.8 percent (Louisiana)<sup>3</sup>
  - Medicare financed 0.29 percent of births in 2018, or just over 11,000 births<sup>4</sup>

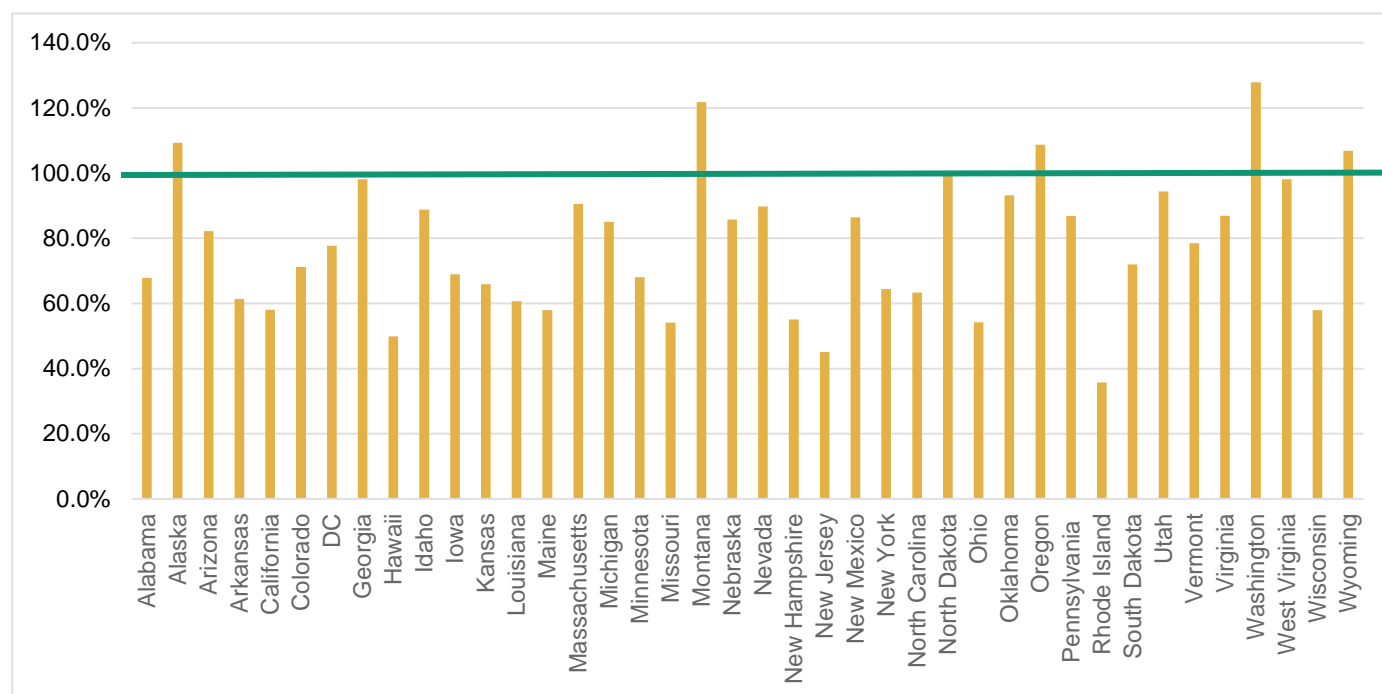
### Medicaid Payment Rate Comparison

- Average Medicaid payment for global OB care for an uncomplicated vaginal birth: \$1,737.80
  - Range: \$815.00 (Rhode Island) – \$2996.00 (Washington)
- National 2020 Medicare rate: \$2,220.59

**Figure 1: State Medicaid rates as a percentage of local Medicare rates for global obstetric care with a vaginal birth**



**Figure 2: State by state Medicaid payment rate for global obstetric care with a vaginal birth as a percentage of the local Medicare rate**



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<sup>1</sup> Martin JA, Hamilton BE, Osterman MJK, Driscoll AK. Births: Final Data for 2018. National Vital Statistics System. Centers for Disease Control and Prevention. 2019. Retrieved from:

[https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68\\_13-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf)

<sup>2</sup> Medicaid's Role in Financing Maternity Care. Medicaid and CHIP Payment and Access Commission. January 2020. Retrieved from: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>

<sup>3</sup> Ibid.

<sup>4</sup> RBRVS Database. American Medical Association. 2019.