

Affordable Care Act

Billing

for CPMs

Preventative Procedures

Code(s)	Description
99381-99397	Preventative Medicine (by age)
99401-99404	Preventative Medicine Counseling (by service level)
99406-99407	Smoking and Tobacco Cessation Counseling
S9449	Weight Management Classes
S9470	Nutritional Counseling
S9443	Lactation Classes
S9442	Child Birth Education Classes

What about *E/M* codes?

You may sometimes be unable to bill a preventative procedure code because of restrictions on your contract or Medicaid reimbursement schedule.

In these cases, you can bill a normal evaluation and management code with a preventative diagnosis code.

Code(s)	Description
99201-99215	Office Visits (by new/established and service level)
99345-99350	Home Visits (by new/established and service level)

For more information on determining service level, visit the [Evaluation and Management Services Guide at cms.gov](https://www.cms.gov/evaluation-and-management-services-guide).

Other Midwifery Procedures

Code	Description
59400	Global Maternity Care
59409	Delivery Only
59410	Delivery & Immediate Postpartum Care
59612	VBAC Delivery Only
59610	VBAC Global Maternity Care
99354	Prolonged Face to Face 1st Hour
99355	Prolonged Face to Face Each Additional 30 Min.
J2790	Rhogam
J7120	Lactated Ringers
J7040	Saline up to to 500 ml
J7042	D5LR
J7050	Saline Solution up to 250CC
A4216	Sterile Water

Code	Description
J3430	Vitamin K
99070	Erythromycin Ointment
S8120	Oxygen
J2590	Oxytocin/Pitocin
J2210	Methergine
J2001	Local Anesthetic/Lidocain
J0561	Penicillin
J0290	Ampicillin
J0690	Cefazolin Sodium
S0077	Clindamycin
59614	VBAC Delivery & Immediate Postpartum Care
59425	Global Prenatal Care 4-6 Visits
59426	Global Prenatal Care 7+ Visits

More Midwifery Procedures

Code	Description
59430	Postpartum Care Only
59025	NST
76805	U/S Comp Fetal 7 Maternal Evaluation
76810	U/S Comp. Multiple Gestation
76815	U/S Limited
76816	U/S Follow Up/Repeat
76825	U/S limited/Fetal Echo cardio
76830	U/S Transvaginal
59899 or 59409 w/ mod 53	Labor Management, Transfer Intrapartum
96360	IV Therapy w/o medication 1st hour
96361	IV Therapy w/o medication each additional 30 Min.
96365	IV Therapy w/ Medication 1st Hour
96366	IV Therapy w/ Medication Each Additional 30 Min.

Code	Description
76818	Fetal Biophysical Profile
90471	Injection of Vaccination/Rhogam Injection
81002	U/A non auto w/o micro
81003	U/A auto w/o Micro
36415	Venipuncture
36406	Heel/Finger Stick <3 Years of Age
S3620	Newborn Metabolic Screening
99000	Lab Handling
99460	Initial NB Evaluation per Day, Birthing Center
99461	Initial Newborn Evaluation per Day, Home
99463	Initial NB Evaluation, Admit and Discharge Same Date
99464	Assistant at Delivery for Stabilization of NB
99465	Newborn Resuscitation

Preventative *Diagnoses*

Code(s)	Description
V70.0	Routine General Medical Exam
V72.31	Routine Gynecological Exam
V22.0-V22.2	Normal Pregnancy
V24.1	Postpartum Care and Exam of Lactating Mother
V78.0	Screening for Iron Deficiency
V82.71	Screening for Genetic Disease Carrier Status

Other Midwifery Diagnoses

Code	Description
599	UTI
626	Amenorrhea
642.43	Hypertension; Pregnancy, Mild
644.03	Threatened Premature Labor
644.13	False Labor; Premature Threaten Labor >37 Weeks
645.21	Prolonged Pregnancy, Delivered, >42 Weeks
648.81	Gestational Diabetes, with Delivery
650	Normal Delivery
662.13	Prolonged First Stage Antepartum
676.94	Lactation Disorder, PP, Unspecified

Code	Description
779.31	Feeding Problems in Newborn
V20.2	Health Check for Child >28 Days
V20.31	Health Check for Newborn <8 Days
V20.32	Health Check for Newborn 8-28 Days
V24.2	Routine Postpartum Follow-Up
V25.11	Insertion of IUD
V25.12	Removal of IUD
V30.2	Baby Born Out of Hospital
V72.42	Pregnancy Test, Positive Result
V76.2	Screening for Malignant Neoplasm of Cervix

Utilizing an ABN

An Advanced Beneficiary Notice of non-coverage (ABN) is a document Medicare and Medicaid requires providers to issue to patients before rendering services that

- are usually covered by Medicaid
- but are likely to be denied as not medically necessary because of the diagnosis codes used.

You may also choose (but are not required) to use an ABN before rendering **services that are consistently denied** by Medicaid.

Routine Notice Prohibition

The Routine Notice Prohibition on ABNs is simply a provision to ensure that providers aren't using ABNs all the time for no reason.

To comply, you must ensure that you have reasonable evidence to believe and support that a service would not be covered by Medicaid.

Just don't issue ABNs on a routine basis without occasionally checking that the services for which you issue ABNs are still non-covered.

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the D. _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS ABN

Example

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
<i>Lactation Services</i>	<i>Regularly denied as non-covered</i>	<i>\$150</i>

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OPTION 2. I want the **D.** _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the **D.** _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

The ABN tells the patient that they will either need to pay for the services out-of-pocket or choose not to receive them.

Boulevard, Attn: FCA Reports Clearance Office, Baltimore, Maryland 21244-1850.

Affordable Care Act Billing *for CPMs*



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