

California Department of Health Care Services

837 Professional & Institutional Transactions

Encounter Data Reporting: Mother and Newborn Coding Guidance

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1.0	9/15/2020	DHCCodes Unit	Initial Guidance

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Childbirth Encounter Reporting - Introduction

Childbirth encounter reporting includes inpatient and professional services provided to the mother and the newborn during admission. Newborns are covered under the mother's health plan ID for the first 30-days of life and are then assigned their own unique identifier. This means that hospitals will be reporting encounters for both the mother as well as the newborn(s) under the same health plan ID. In addition, providers of professional services, such as the obstetrician and pediatrician, will report encounters for their provision of childbirth services. Additionally, birthing services can also be provided by Alternative Birthing Centers (ABCs); which are included for reference as well.

This document is intended to provide guidance to Managed Care health plans on coding and reporting standards as they relate to mother and newborn services provided during the course of childbirth. This includes labor and delivery. This guidance includes general coding information that can be used to communicate with providers for encounter reporting. This information can also be applied to any programming of edits for encounter data processing.

Table 1a: Hospital - Mother

Mother	Codes		
Claim Format	Revenue	ICD-10 PCS	ICD-10 CM
837-I	0112	102XXXX	O30.001 – O82 Z37.0 – Z37.9
Type of Bill (TOB)	0122	109XXXX	
011X	0132	10D0XXX	
	0142	10D1XXX	
	0152	10EXXXX	
		10HXXXX	
		10PXXXX	
		10S0XXX	

Table 1b: Hospital – Newborn

Newborn	Codes	
Claim Format	Revenue	ICD-10 CM
837-I	0170	Z38.00 – Z38.3 *If perinatal conditions are present, ICD-10 CM codes from the “P” category will be reported in addition, and primary, to the “Z” codes.
Type of Bill (TOB)	0171	
011X	0172	
	0173	
	0174	
	0179	

[Table 2: Alternative Birthing Center \(ABC\) – Mother/Newborn](#)

Mother	Codes			
Claim Format	Revenue	CPT®	ICD-10 PCS*	ICD-10 CM
837-I	0724	59400 – 59410 59610 – 59614	102XXXX	O30.001 – O82 Z37.0 – Z37.9
Type of Bill (TOB)			109XXXX	
084X			10D07XX	
			10E0XZZ	
			*ABCs can provide global OB services which is captured in the use of the CPT code. The PCS codes listed here may or may not be reported by an ABC	

[Table 3: Obstetrician – Mother](#)

Mother	Codes	
Claim Format	CPT®	ICD-10 CM
837-P	59400 - 59622	O30.001 – O82 Z37.0 – Z37.9
Place of Service (POS)		
21 25		

[Table 4: Pediatrician – Newborn](#)

Newborn	Codes	
Claim Format	CPT®	ICD-10 CM
837-P	99460 – 99463	Z00.110*
Place of Service (POS)	99477 – 99480	Z38.00 – Z38.3
21 25		*If perinatal conditions are present, ICD-10 CM codes from the “P” category will be reported in addition, and primary, to the “Z” codes. If a “P” code is reported, Z00.110 should not be reported.

Multiple Newborns

When a pregnancy results in more than one newborn, additional data elements and criteria may be required in order to override duplicate logic for the multiple newborns associated with the mother's CIN. **Table 5** provides examples of how an encounter can be reported to inform the payer that the service is unique to each newborn that is being cared post-delivery. **Please note that these are examples and are not intended to instruct providers on how to code encounters.** Coding relies heavily on interpretation of codes and guidelines. There can be more than one way to code an encounter, depending on a provider's documentation, and the level of training that internal billing and coding staff possess. The examples below are reflective of standard coding practices as described through professional coding message boards made available by the American Academy of Professional Coders (AAPC).

Table 5: Multiple Newborns – Pediatrician Encounter Reporting

Initial Exam	Newborn A	Newborn B	Newborn C
Procedure Code	99460	99460	99460
Modifier	N/A	XE	XE
Diagnosis	Z38.61	Z38.61	Z38.61
Subsequent Exam	Newborn A	Newborn B	Newborn C
Procedure Code	99462	99462	99462
Modifier	N/A	XE	XE
Diagnosis	Z00.110; Z38.61	Z00.110; Z38.61	Z00.110; Z38.61

Additional Modifiers for Overriding Duplicate Logic

Additional modifiers are available for overriding duplicate edits. Note that these modifiers are only reported with CPT® and/or HCPCS Level II codes, therefore they cannot be used on the hospital encounter for the delivery and subsequent hospital stay. **Table 6** identifies all modifiers that can be used to override duplicate logic, such as National Correct Coding Initiative (NCCI) edits along with the appropriate circumstances for use.

Table 6: Modifiers for Overriding Duplicate Logic

Modifier	Definition
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
59	Distinct Procedural Service
76	Repeat procedure or service by same physician or other qualified health care professional
77	Repeat procedure by another physician or other qualified healthcare professional
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

Modifier	Definition
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

Detailed guidance for the appropriate use of these modifiers is provided in **Table 7** below:

Table 7: Guidance for Use of Modifiers for Overriding Duplicate Service Lines/Encounters

Modifier	Circumstances for Use	Additional Guidance
25	<ul style="list-style-type: none"> ➤ Patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative/postoperative care associated with the procedure that was performed. ➤ E/M service may be prompted by a symptom or condition for which the additional E/M service is required. 	This modifier is applicable when the additional E/M service is provided within the same encounter for the same patient.
59	<ul style="list-style-type: none"> ➤ When it is necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. 	<p>Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury/area of injury in extensive injuries.</p> <p><i>When another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available and use of modifier 59 best describes the circumstances.</i></p>
76	<ul style="list-style-type: none"> ➤ When the same provider must repeat a procedure or service subsequent to the original procedure/service 	<p>Allowable for radiology, surgical and medical codes as appropriate.</p> <p>Not appropriate for use with E/M service codes</p>
77	<ul style="list-style-type: none"> ➤ When another provider must repeat a procedure or service subsequent to the original procedure/service 	<p>Allowable for radiology, surgical and medical codes as appropriate.</p> <p>Not appropriate for use with E/M service codes</p>

Modifier	Circumstances for Use	Additional Guidance
XE	➤ When it is necessary to indicate that the same service was provided, but under a separate encounter	These modifiers should be used <i>before</i> use of modifier 59. These modifiers can be used to override duplicate logic between service lines within an encounter as well as between encounters
XP	➤ When it is necessary to indicate that the same service was provided, but by a separate practitioner	
XS	➤ When it is necessary to indicate that the same service/procedure was performed on a separate body structure	
XU	➤ When it is necessary to indicate that a service was provided that does not overlap with the usual components of the main service	

Table 8: Guidance for Use of Modifiers for Overriding Duplicate Logic for Multiple Newborns

Table 8 provides detailed guidance for the use of specific modifiers when overriding duplicate logic between encounters, when multiple newborns are covered under the mother's CIN, during the first month of life.

Modifier	Applicable Codes	Circumstances for Use	Additional Guidance
XE	99460 – 99464 99468 – 99469 99447 – 99480	➤ Newborn services provided in the hospital/birthing center by the attending Pediatrician post-delivery of multiple newborns, including intensive and critical care	These modifiers should be appended to the applicable codes for all newborn encounters <i>except for the first reported encounter typically associated with the first newborn delivered.</i> The system should be able to look process encounters out of order <i>without requiring providers/plans to report the modifiers for all newborns associated with the same CIN.</i>
XE	54160	➤ Circumcision procedure performed post-delivery in the hospital or in the provider's office within the first month post-delivery for multiple newborns	
XE	99201 – 99215	➤ Post-delivery and post-hospital follow up visits by the same or new Pediatrician within the first month post-delivery for multiple newborns	
XE	99502	➤ Post-delivery neonatal assessment during a home visit by the same or new care provider within the first month post-delivery for multiple newborns	
XP	99460 – 99464 99468 – 99469 99447 – 99480	➤ Newborn services provided in the hospital/birthing center by the attending a different attending Pediatrician from the other newborn(s) post-delivery, including intensive and critical care	

Modifier	Applicable Codes	Circumstances for Use	Additional Guidance
XP	54160	➤ Circumcision procedure performed post-delivery in the hospital or in the provider's office within the first month post-delivery for multiple newborns, but provided by a separate practitioner from the other newborn(s)	
XP	99201 – 99215	➤ Post-delivery and post-hospital follow up visits by the same or new Pediatrician within the first month post-delivery for multiple newborns, but the service is provided by a separate practitioner from the other newborn(s)	
XP	99502	➤ Post-delivery neonatal assessment during a home visit by the same or new care provider within the first month post-delivery for multiple newborns, but the service is provided by a separate practitioner from the other newborn(s)	