CPT Code: 59409
Vaginal delivery only (with or without episiotomy and/or forceps)

SERVICES INCLUDED IN GLOBAL SERVICE WHEN PERFORMED
(DO NOT REPORT SEPARATELY):

Included antepartum services:
➢ Not included

Included intrapartum services:
➢ Admission to L&D, update of history & physical, or any E&M service on the calendar day prior to delivery and/or calendar day of delivery
➢ Management of uncomplicated labor including fetal monitoring
➢ Preparation of the perineum with antiseptic solution
➢ Vaginal delivery with or without forceps or vacuum extraction
➢ Delivery of the placenta, any method
➢ Episiotomy and repair/suturing of lacerations
➢ Injection of local anesthesia
➢ Placement of internal fetal and/or uterine monitors
➢ Catheterization or catheter insertion
➢ Administration of intravenous oxytocin
➢ Simple removal of cerclage (not under anesthesia)
➢ Exploration of uterus
➢ Placement of a hemostatic pack or agent

NON-MEDICARE PATIENTS: EXAMPLES OF SERVICES
EXCLUDED FROM GLOBAL SERVICE WHEN PERFORMED
(REPORT SEPARATELY):

Excluded antepartum services:
➢ External cephalic version (59412)
➢ Insertion of cervical dilator by physician prior to day of delivery (59200)

Excluded intrapartum services:
➢ Administration of regional anesthesia (62322-62323, 62326-62327, 64430-64435)
➢ Fetal scalp blood sampling (59030)

Excluded postpartum services:
➢ Tubal ligation (58605)
➢ Uncomplicated inpatient hospital postpartum visits

MEDICARE PATIENTS: SERVICES BUNDLED INTO CODE 59409:
Services that may be reported with code 59409 when appropriate and with a modifier.
➢ Administration of pharmacologic agent (61650)
➢ Anesthesia (64415-64417, 64450, 64486-64490, 64493)
➢ Debridement (11000-11006, 11042-11047, 97597-97602)

Global obstetric package (59610)
Infusions (96360, 96365)
Injections (0213T, 0216T, 36000, 36410, 62324-62327, 96372, 96374-96377)
Repair; simple, intermediate, and complex (12001-13153)

Services that cannot be reported with 59409 under any circumstances.
➢ Anesthesia (01958-01960, 01967, 64430-64435, 64483)
➢ Catheterization (51701-51702)
➢ Collection of blood (36591-36592, G0471)
➢ Delivery of placenta (59414)
➢ Episiotomy (59300)
➢ Fetal monitoring during labor (59050-59051)
➢ Insertions (0230T, 62322-62323)
➢ Insertion of cervical dilator (59200)
➢ Operating microscope (69990)
➢ Postpartum care only (59430)

MEDICARE PATIENTS: CODE 59409 IS BUNDLED INTO (OR IS CONSIDERED AN INCLUDED COMPONENT OF) THESE SERVICES:
Code 59409 may be reported with these services when appropriate and with a modifier.
➢ Cesarean delivery (59620-59622)
➢ Global obstetric package (59618)
➢ Vaginal delivery (59410, 59612-59614)

Code 59409 cannot be reported with these services under any circumstances.
➢ None

ADDITIONAL COMMENTS:
➢ Repair of third or fourth degree lacerations at the time of delivery may be reported in one of the following ways:
   Use of a CPT Integumentary section code (eg, 12041-12047 or 13131-13133) or by adding modifier 22 to the delivery code reported.
➢ If inpatient and outpatient postpartum care is also performed, report 59410 instead of this code.
➢ If inpatient postpartum care is also performed without outpatient postpartum care, report the appropriate subsequent inpatient Evaluation and Management code.

Relative Value:
Work  14.37  Facility 23.44  Non-facility 23.44  Medicare Global Period: Does not apply
Assistant at Surgery:  Almost never required. May be payable by Medicare if medical necessity established with documentation.
Co-Surgeon:  Not payable by Medicare.
Note that Medicare will not reimburse for an individual to serve as both a primary and assistant surgeon during the same operative session.

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CPT Code: 64561
Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

SERVICES INCLUDED IN GLOBAL SERVICE WHEN PERFORMED (DO NOT REPORT SEPARATELY):

Included preprocedure services:
➢ Proper positioning, prepping, and draping of patient

Included intraprocedure services:
➢ Placement of foramen needle
➢ Imaging guidance, if used
➢ Placement of electrode
➢ Test stimulation
➢ Programming of stimulator (if required)

Typically included postoperative services:
(See Introduction, Manual Format section, page 14)

Additional included procedures:
➢ Electronic analysis and programming of implanted neurostimulator (95970-95972)

NON-MEDICARE PATIENTS: EXAMPLES OF SERVICES EXCLUDED FROM GLOBAL SERVICE WHEN PERFORMED (REPORT SEPARATELY):

➢ Significant and separately identifiable Evaluation and Management Services. Use modifier 25.

MEDICARE PATIENTS: SERVICES BUNDLED INTO CODE 64561:

Services that may be reported with code 64561 when appropriate and with a modifier.
➢ Cardiography (93000-93010, 93040-93042, 93318, 93355)
➢ Catheterization (51701-51703)
➢ Collection of venous blood (G0471)
➢ Electroencephalography (95812-95819, 95829, 95955)
➢ Evaluation and management (99211-99223, 99231-99255, 99291-99316, 99334-99337, 99347-99350, 99374-99378)
➢ Fluoroscopy (76000-76001, 77001-77003)
➢ Gastric tube placement (43752)
➢ Hospital outpatient clinic visit for patient assessment (G0463)
➢ Infusions (96360-96368)
➢ Injections (36000, 36400-36410, 36420-36440, 36600, 36640, 96372, 96374-96377, J0670, J2001)
➢ Ophthalmologic services (92012-92014)
➢ Pulmonary ventilation or testing (94002, 94200, 94250, 94680-94690, 94770)
➢ Repair; simple, intermediate, and complex (12001-13153)

Services that cannot be reported with 64561 under any circumstances.
➢ Anesthesia (64400-64450, 64461-64463, 64479-64530)
➢ Central motor evoked potential study (95928-95929, 95939)
➢ Collection of blood specimen (36591-36592)
➢ Electroencephalography (95822)
➢ Evoked response audiometry (92585)
➢ Injections (0213T, 0216T, 0228T, 0230T, 62320-62327)
➢ Interprofessional telephone/Internet assessment consultation (99446-99449)
➢ Intraoperative neurophysiology monitoring (95940, G0453)
➢ Moderate sedation (99155-99157)
➢ Needle electromyography (95860-95870)
➢ Nerve conduction studies (95907-95913)
➢ Neuromuscular junction testing (95937)
➢ Neurostimulator electrode array (64581)
➢ Operating microscope (69990)
➢ Orbicularis oculi reflex testing (95933)
➢ Sacral nerve stimulation test lead (A4290)
➢ Somatosensory evoked potential study (95925-95927, 95938)
➢ Transitional care management (99495-99496)
➢ Visual evoked potential testing (0333T, 0464T, 95930)

MEDICARE PATIENTS: CODE 64561 IS BUNDLED INTO (OR IS CONSIDERED AN INCLUDED COMPONENT OF) THESE SERVICES:

Code 64561 may be reported with these services when appropriate and with a modifier.
➢ Neurostimulator electrode array (64553-64555, 64575-64580, 64585)

Code 64561 cannot be reported with these services under any circumstances.
➢ None

ADDITIONAL COMMENTS:
➢ Unilateral placement of leads should be listed with side-specific modifier.
➢ Bilateral placement should be reported separately with modifier 50