

Staff Recommendation

November 2, 2011

The Commission staff recommends for review and public comment revisions to the Relative Value Unit (RVU) Scale for Labor and Delivery (DEL). These revised RVUs were developed by a sub-group of the Maryland Hospital Association's HSCRC Technical Issues Task Force. The sub-group's membership represented the Labor and Delivery department of many of the Maryland hospitals located throughout the state. The RVU scale was updated to reflect the current services provided to obstetric patients for DEL services. The revised RVUs were approved by the Maryland Hospital Association's HSCRC Technical Issues Task Force. At your direction, the staff will send the revision to all Maryland hospitals for their review and comment.

**APPENDIX D
STANDARD UNIT OF MEASURE REFERENCES**

Account Number
7010

Cost Center Title
Labor and Delivery Service

Labor and Delivery Service

The Labor and Delivery Relative Value Units were developed by a task force which included clinical and financial representatives of Maryland hospitals and HSCRC staff. These Relative Value Units will be used as the standard unit of measure related to the output of the Labor and Delivery Revenue Center.

All time reflects standard of 1 RVU = 15 minutes of direct RN care. Charges made to Labor and Delivery RVUs must reflect an entire procedure or event occurring in the Obstetrical suite without duplication, support, or charges to other areas using RVUs, minutes, or hours per patient day at the same time. As an example a short stay D&C cannot be charged RVUs plus OR minutes; a sonogram cannot be charged RVUs to Labor and Delivery and to Radiology. Each institution should designate where a procedure is to be charged based on where that procedure is performed. For any Labor and Delivery OR suite procedure, RVUs or Minutes may be charged, but not both.

PRIMARY OBSTETRICAL Procedures:

These procedures include physical assessment, pregnancy history, and vital signs. Delivery procedures are excluded. RVUs are assigned on the basis of RN time only in relation to these procedures. Charges for these may be in addition to Obstetrical charges. (See section to follow entitled: L & D Observation/Triage services.)

| Procedures: | RVUs: |
|---|----------------------|
| Amniocentesis - Diagnostic | 3 |
| Biophysical Profile with NST | 5 |
| Biophysical Profile w/o NST | 4 |
| Cervical Cerclage | 10 |
| Dilation & Curettage (D&C) | 9 |
| Dilation and Evacuation (D&E) | 9 |
| Doppler Flow Evaluation | 1 |
| External Cephalic Versions | 10 |
| *Minor OR procedure, emergent or non-emergent, w/o delivery | 8 |
| *Major OR procedure, emergent or non-emergent, w/o delivery | 38 |
| Non Stress Test, Fetal | 5 |
| Oxytocin Stress Test | 5 |
| Periumbilical Blood Sampling (PUBS) | 18 (+ 4 w/multiples) |
| Periumbilical Blood Sampling (PUBS) double set up w/OR | 2 |
| Ultrasound, OB (read by Obstetrics only) | 3 |

* The classification of minor and major procedures is related to the complexity of the case and the nursing work load required for patient care. The lists below are examples of procedures in each category, but the classification is not limited to these examples.

Minor:

Cerclage insertion or removal
 Incision and Drainage (I&D)
 Needle membrane
 Tubal ligation
 Wound care

Major:

Bladder repair
 Bowel repair
 Hernia repair
 Hysterectomy
 Oophorectomy

* "Minor" surgery is any invasive operative procedure in which only skin or mucous membranes and connective tissue is resected, e.g., vascular cut down for catheter placement, implanting pumps in subcutaneous tissue. Also included are procedures involving biopsies or placement of probes or catheters requiring the entry into a body cavity through a needle or trocar in combination with a "minor" surgical procedure.

* "Major" surgery is any invasive operative procedure in which extensive resection is performed, e.g., a body cavity is entered, organs are removed, or normal anatomy is significantly altered. For surgical procedures that do not clearly fall in the above categories, the chance for significant inadvertent infection of the surgical site is to be a primary consideration.

The definition of Emergent and Non-emergent is based on timing also known as the “decision to incision time”. An emergent procedure is performed within 30 minutes of the physician’s decision. A non-emergent procedure is performed after that 30 minute window has passed.

DELIVERY Procedures:

The following procedures are primarily inpatient services, however if any are performed on an outpatient basis hospitals should apply the most appropriate CPT codes.

Procedures (SELECT ONLY ONE):

RVUs:

| | |
|--|----|
| Fetal Demise/Genetic Termination 2 nd or 3 rd Trimester | 30 |
| Fetal Demise/Genetic Termination 2 nd or 3 rd Trimester w/Epidural | 36 |
| Delivery outside the hospital, prior to arrival | 12 |
| Vaginal Delivery (No anesthesia, uncomplicated) | 24 |
| Vaginal Delivery w/Vacuum/Forceps Assistance | 26 |
| Vaginal Delivery w/Epidural Anesthesia | 30 |
| Vaginal Delivery w/Epidural w/Forceps/Vacuum Assistance | 32 |
| Vaginal Delivery after prior C-section (VBAC) | 32 |
| Cesarean Section, non-emergent | 18 |
| Cesarean Section, non-emergent w/minor surgery | 20 |
| Cesarean Section, non-emergent w/major surgery | 31 |
| Cesarean Section, Emergency | 37 |
| Cesarean Section, emergent w/minor surgery | 39 |
| Cesarean Section, emergent w/major surgery | 61 |

Outpatient Maternal Observation minutes should be rounded up to the nearest full hour. This should be interpreted to mean that 30 minutes = 0 RVUs, 31 minutes = 1 RVU, 75 minutes = 1 RVU, etc...

Some common examples of providing observation and triage services included but not limited to are:

- 1) Labor evaluation
- 2) Cervical ripening
- 3) Fetal monitoring
- 4) Motor Vehicle Accident
- 5) IV hydration

MATERNAL INTENSIVE CARE (MIC)

RVUs:

Outpatient Maternal Intensive Care 2 RVUs per hour (30 min direct RN time per hour)

This category is reserved for patients prior to delivery requiring on-going intensive nursing care. This category may be charged only during the period of intensive interventions. Note: Patients who have been admitted and require on-going intensive nursing care should be reported with the applicable inpatient care room and board rate and not Maternal Intensive Care. Examples of disease processes with designated pharmaceutical and or nursing interventions are listed below but the examples are not all inclusive.

Diagnoses:

- Cardiac Disease
- Bleeding Disorders
- Disseminated Intravascular Coagulation (DIC)
- Diabetes Mellitus
- Hypertensive Disorder of Pregnancy (HDP)
- Preterm labor
- Multisystem Disorders
- Asthma

Examples of pharmaceuticals and nursing care for MIC include but are not limited to the following:

Pharmaceutical:

- Magnesium Sulfate
- Ritodrine
- Terbutaline (repeated SQ doses)
- Aminophylline
- Insulin IV drip
- Apresoline
- Heparin Sulfate
- Phenytoin Sodium (Dilantin)
- Pitocin
- Nifedipine
- Labatalol
- AZT drip
- IVIG Drip

Nursing Care:

- Blood Transfusions
- Nebulizer Therapy
- Invasive Hemodynamic Monitoring
- Conscious Sedation procedures
 - a) PUBS
 - b) Fetal surgery
 - c) Fetal exchange transfusion
- Ventilation Therapy
- Labor/Delivery care on another unit