

Staff Recommendation

December 8, 2011

The Commission staff recommends for final adoption 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 staff sent these revisions for review and public comment. No comments were received during the comment period. Hospitals will be required to calculate conversion factors to assure no change in hospital revenue as a result of this revision. Hospitals will begin using these revised RVUs on July 1, 2012.

This final recommendation was approved at the Commission Meeting on December 8, 2011.

**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 an industry task force under the auspices of the Maryland Hospital Association. 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
Labetalol
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

Summary of Changes to LD Appendix D Effective FY 2013

FY 2013 Description	Current Description	FY 2013 RVU	Current RVU
PRIMARY OBSTETRICAL PROCEDURES:			
Amniocentesis - Diagnostic	Amniocentesis	3	3
Biophysical Profile with NST	Biophysical Profile	5	5
Biophysical Profile w/o NST	-	4	NEW
Cervical Cerclage	Cervical Cerclage	10	10
Dilation & Curettage (D&C)	D&C, =&C or Minor Surgery Short Stay without Delivery Charges	9	9
Dilation and Evacuation (D&E)	-	9	NEW
Doppler Flow Evaluation	Doppler Flow Evaluation	1	1
External Cephalic Versions	External Versions	10	10
*Minor OR procedure, emergent or non-emergent, w/o delivery	D&C, = &C or Minor Surgery Short stay without Delivery Charges	8	9
*Major OR procedure, emergent, w/o delivery	Hysterectomy or other major operative procedure (unscheduled emergency)	38	ADD ON 38
Non Stress Test, Fetal	Non-Stress Test	5	5
Oxytocin Stress Test	Oxytocin Stress Test	5	5
Periumbilical Blood Sampling (PUBS)	-	18 (+ 4 w/multiples)	NEW
Periumbilical Blood Sampling (PUBS) double set up w/OR	-	2	NEW
Ultrasound, OB (read by Obstetrics only)	OB Ultrasound (performed and read by Obstetrics Only with no involvement of radiology)	3	3
Delivery Procedures:			
Fetal Demise/Genetic Termination 2nd or 3rd Trimester	Fetal Demise 3rd trimester (C/S, vag.) add ADD ON TO PROCEDURE	30	ADD ON 6
Fetal Demise/Genetic Termination 2nd or 3rd Trimester w/Epidural	-	36	NEW
Delivery Outside the hospital, prior to arrival	Delivery outside department	12	12
Vaginal Delivery (No anesthesia, uncomplicated)	Vaginal birth (no anesthesia uncomplicated)	24	24
Vaginal Delivery w/Vacuum/Forceps Assistance	Vaginal birth with vacuum/forcep assistance	26	26
Vaginal Delivery w/Epidural Anesthesia	Vaginal birth with epidural anesthesia	30	30
Vaginal Delivery w/Epidural w/Forceps/Vacuum Assistance	Vaginal birth with epidural anesthesia with vacuum/forceps	32	32
Vaginal Delivery after prior C-section (VBAC)	Vaginal birth after previous C-section (VBAC)	32	32
Cesarean Section, non-emergent	C-Section scheduled	18	18
Cesarean Section, non-emergent w/minor surgery	C-section scheduled with tubal ligation	20	19
Cesarean Section, non-emergent w/major surgery	-	31	NEW
Cesarean Section, Emergency	C-section non-scheduled emergency	37	37
Cesarean Section, emergent w/minor surgery	C-section non-scheduled emergency with tubal ligation	39	38
Cesarean Section, emergent w/major surgery	C-Section non-scheduled + add on major surgery (Hysterectomy or other major procedure - unscheduled)	61	75
OBSTETRICAL ADD ON TO DELIVERY PROCEDURES:			
Amnioinfusion	-	6	NEW
Double Set-Up/Failed Forceps/Vacuum	Double set-up (C/S or vag.) or failed forceps/vacuum add	2	2
Induction/Augmentation w/delivery	Induction/Augmentation (C/S, vag.) add ADD ON TO PROCEDURE	4	4
Intrauterine Pressure Catheter Monitoring (IUPC)	-	2	NEW
Multiple Birth: Twins	Multiple birth twins	6	6
Multiple Birth: Triplets	each multiple birth	9	9
Multiple Birth: Quads	each multiple birth	12	12
Neonatal Resuscitation (APGAR < 6 @ 1 minute; PH < 7.2)	Neonatal resuscitation with apgars less than 6 at one minute, or arterial cord blood PH less than 7.2 add	4	4
POSTPARTUM OBSTETRICAL SURGICAL PROCEDURES:			
*Surgery, Additional minor, non-emergent	L&D OR Additional minor surgical procedure	8	ADD ON 8
*Surgery, Additional major, non-emergent	-	19	NEW
*Surgery, Additional minor, emergent	-	16	NEW
* Surgery, Additional major, emergent	Hysterectomy or other major operative procedure (unscheduled emergency) ADD ON TO PROCEDURE	38	ADD ON 38
MISCELLANEOUS PROCEDURES:			
Circumcision (even if performed in Nursery)	Circumcision (even if performed in Nursery)	3	ADD ON 3
Oocyte Retrieval	Oocyte Retrieval	10	10
Gamete Intrafallopian Tube Transfer (GIFT)/Tubal Embryo Transfer	Gamete Intrafallopian Tube Transfer (GIFT)	16	16
L&D ASSESSMENT/TRIAGE and OBSERVATION Services:			
Assessment/Triage Service	-	1	NEW
Outpatient Maternal Observation	Observe: Maternal and/or Fetal Assessment	1 per hour	1 per hour
Outpatient Maternal Intensive Care	Maternal Intensive Care	2 RVUs per hour	2 RVUs per hour
DELETED PROCEDURES from Current Appendix D			
-	Hysterectomy or other major operative procedure (scheduled routine)	Deleted	18
-	Nipple Stimulation Stress Test	Deleted	5
-	Induction without Labor	Deleted	8
-	Abortion (spontaneous or elective) 2nd trimester	Deleted	12
-	Neonatal ongoing assessment greater than one hour add	Deleted	2
-	Screening Auditory Brainstem Response	Deleted	1
-	Tubal Embryo Transfers (T.E.T)	Deleted	16
-	Otoacoustic Emission	Deleted	1