2018

OB/GYN

A comprehensive illustrated guide to coding and reimbursement

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Getting Started with Coding Companion

Coding Companion for OB/GYN is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, Coding Companion lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes
The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 Coding Companion series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM
Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information
One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions
Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:
- Category II
- Radiology
- Pathology and Laboratory
- Medicine Services

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates
The Coding Companion series includes the list of codes from the official Centers for Medicare and Medicaid Services’ National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 22.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is http://www.optum360coding.com/ProductUpdates/. The 2017 edition password is: SPEC17DLC. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Evaluation and Management
This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

Index
A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:
- 69501 Transmastoid antrotomy (simple mastoidectomy)
- 22.3, the most current version available at press time. The CCI edits could be found in the index under the following main terms:
  - Antrotomy
  - Transmastoid, 69501
  - Excision
  - Mastoid
  - Simple, 69501

General Guidelines
Providers
The AMA advises coders that while a particular service or procedure may be assigned to a specific section, the service or procedure itself is not limited to use only by that specialty group (see paragraphs two and three under “Instructions for Use of the CPT Codebook” on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component
Radiology and some pathology codes have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.
51701-51703

51701  Insertion of non-indwelling bladder catheter (e.g., straight catheterization for residual urine)

51702  Insertion of temporary indwelling bladder catheter; simple (e.g., Foley)

51703  Insertion of temporary indwelling bladder catheter; complicated (e.g., altered anatomy, fractured catheter/balloon)

Explanation
The patient is catheterized with a non-indwelling bladder catheter (e.g., for residual urine) in 51701; simple catheterization with a temporary indwelling bladder catheter (Foley) is performed in 51702. The area is properly cleaned and sterilized. A water-soluble lubricant may be injected into the urethra before catheterization begins. The distal part of the catheter is coated with lubricant. The catheter is gently inserted until urine is noted. With an indwelling catheter, insertion continues into the bladder until the retention balloon can be inflated. The catheter is gently pulled until the retention balloon is snugged against the neck of the bladder. The catheter is secured to the abdomen or thigh and the drainage bag is secured below bladder level. Report 51703 if a circumstance (i.e., change in anatomy or fractured catheter/balloon) occurs to complicate the catheterization process.

Coding Tips
Codes 51701 and 51702 should not be reported in addition to any other procedure that includes catheter insertion as a component. Report 51701 and 51702 only when performed independently. Do not report 51702 with CPT Category III code 0071T or 0072T. Supplies used when providing these procedures may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes
C67.0  Malignant neoplasm of ureter
C67.1  Malignant neoplasm of urethra
C67.2  Malignant neoplasm of bladder
C67.3  Malignant neoplasm of prostate
C67.4  Malignant neoplasm of penis
C67.5  Malignant neoplasm of bladder neck
C67.6  Malignant neoplasm of ureteric orifice
C67.7  Malignant neoplasm of urachus
C67.8  Malignant neoplasm of overlapping sites of bladder
D09.0  Carcinoma in situ of bladder
N30.00  Acute cystitis without hematuria
N30.01  Acute cystitis with hematuria
N30.10  Interstitial cystitis (chronic) without hematuria
N30.11  Interstitial cystitis (chronic) with hematuria
N30.20  Other chronic cystitis without hematuria
N30.21  Other chronic cystitis with hematuria
N32.81  Overactive bladder
N35.021  Urethral stricture due to childbirth
N35.028  Other post-traumatic urethral stricture, female
N39.3  Stress incontinence (female) (male)
N39.45  Continuous leakage
N81.0  Urethrocele
N81.11  Cystocele, midline
N81.12  Cystocele, lateral
N81.6  Rectocele
N81.81  Perineocele
N81.82  Incompetence or weakening of pubocervical tissue
N81.83  Incompetence or weakening of rectovaginal tissue
N81.84  Pelvic muscle wasting
N81.89  Other female genital prolapse
N99.12  Postprocedural urethral stricture, female
R30.0  Dysuria
R31.0  Gross hematuria
R31.1  Benign essential microscopic hematuria
R31.2  Other microscopic hematuria
R39.14  Feeling of incomplete bladder emptying

HCPCS Equivalent Codes
N/A

Medicare Edits

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* with documentation
Salpingostomy (salpingoneostomy)

58770

Explanation

Through a small incision just above the pubic hairline, the physician creates a new opening in the fallopian tube where the fimbrial end has been closed by inflammation, infection, or injury. The procedure is generally performed microsurgically in order to do an accurate repair.

Coding Tips

Report 58770 for repair of the fimbrial end of the tube, not reconstruction of the fimbriae, which should be coded with 58760. This is a unilateral procedure. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers. Modifier 50 identifies a procedure performed identically on the opposite side of the body (mirror image). For laparoscopic salpingostomy, see 58763. For tubotubal anastomosis, see 58750. For tubouterine implantation, see 58752. Because this procedure is usually not done out of medical necessity, the patient may be responsible for charges. Verify with the insurance carrier for coverage.

ICD-10-CM Diagnostic Codes

- N70.01 Acute salpingitis
- N70.03 Acute salpingitis and oophoritis
- N70.11 Chronic salpingitis
- N70.13 Chronic salpingitis and oophoritis
- N73.6 Female pelvic peritoneal adhesions (postinfective)
- N80.2 Endometriosis of fallopian tube
- N83.8 Other noninflammatory disorders of ovary, fallopian tube and broad ligament
- N97.1 Female infertility of tubal origin
- O00.10 Tubal pregnancy without intrauterine pregnancy
- O00.11 Tubal pregnancy with intrauterine pregnancy
- Q50.4 Embryonic cyst of fallopian tube
- S37.511A Primary blast injury of fallopian tube, unilateral, initial encounter
- S37.512A Primary blast injury of fallopian tube, bilateral, initial encounter
- S37.521A Contusion of fallopian tube, unilateral, initial encounter
- S37.522A Contusion of fallopian tube, bilateral, initial encounter
- S37.531A Laceration of fallopian tube, unilateral, initial encounter
- S37.532A Laceration of fallopian tube, bilateral, initial encounter
- S37.591A Other injury of fallopian tube, unilateral, initial encounter
- S37.592A Other injury of fallopian tube, bilateral, initial encounter

HCPecs Equivalent Codes

N/A

Terms To Know

- Cellulitis. Sudden, severe, suppurative inflammation and edema in subcutaneous tissue or muscle, most often caused by bacterial infection secondary to a cutaneous lesion.
- Endometriosis. Aberrant uterine mucosal tissue appearing in areas of the pelvic cavity outside of its normal location, lining the uterus and inflaming surrounding tissues, and can result in infertility and spontaneous abortion.
- Oophoritis. Inflammation or infection of one or both ovaries that can cause chronic pelvic pain, ectopic pregnancy, or sterilization.
- Salpingitis. Inflammation of the fallopian tubes, usually caused by a bacterial infection and occurring in conjunction with inflammation of the ovaries (oophoritis).

Medicare Edits

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