Objectives

1. Describe the structures associated with the female reproductive system
2. Use appropriate medical terminology to identify services and select codes
3. Apply the ICD-9 guidelines for assigning codes and the special guidelines for coding complications of pregnancy, childbirth and the puerperium
4. Select CPT® and HCPCS Level II codes to describe the services and procedures related to the female reproductive system
5. Apply CPT® and HCPCS Level II modifiers when appropriate

Anatomy

External genitalia
- Mons pubis
- Labia (majora and minora)
- Hymen
- Bartholin’s glands
- Clitoris
- Urethra
Anatomy

Internal Genitalia

- Vagina
- Uterus
- Cervix
- Fallopian tubes ("tubes" or oviducts)
- Ovaries

Female Genitalia
ICD-9-CM

• Diseases of the Genitourinary System
  – 580-629
• Complications of Pregnancy, Childbirth, and the Puerperium
  – 630-679
• Neoplasms
• V Codes
  – V01-V89

ICD-9-CM

Category 580-629
• Non-neoplastic
• Non-pregnant
• Related to...
  – Kidneys
  – Ureters
  – Bladder
  – Urethra
  – Breasts (610-612)
    • Benign conditions (e.g., cysts)
ICD-9-CM

Category 630-679

- Have sequencing priority
- Report any condition that affects pregnancy (labor, delivery, post-partum)
- If pregnancy is incidental to condition treated, report V22.2 as secondary code
  - Must document that condition treated does not affect pregnancy
- Only for mother, not newborn

ICD-9-CM

Routine outpatient prenatal visits w/o complication

- First pregnancy
  - V22.0
- Subsequent pregnancy
  - V22.1
- First-listed dx.
- Not to be used with other Chpt. 11 Codes
ICD-9-CM

High-risk Pregnancy
- Code from category V23
- First-listed diagnosis
- May be reported with other Chapter 11 codes

Encounter w/ pregnant patient, no delivery
- Principal diagnosis is the complication(s) prompting the encounter
  - Complications are sequenced first
- Report all conditions treated during the encounter

Cesarean delivery
- Principal diagnosis is the condition responsible for patient’s admission to labor and delivery
ICD-9-CM

Categories 630-633
- Ectopic pregnancy
  - Pregnancy in other than uterine cavity
    - 90% tubal pregnancy

Categories 634-639
- Miscarriage
- Medically-induced abortion

ICD-9-CM

Category 640-649
- Complications mainly related to pregnancy
  - Placenta previa, Hypertension, HIV, etc.

Category 650-659
- Normal delivery
- Other indications in pregnancy, labor, and delivery

Category 660-679
- Complications of labor and delivery
ICD-9-CM

Neoplasm (140-239)
• Benign
• Malignant
• Code by location
  – Female breast (174)
  – Genitourinary organs (179-184)
    • Body of uterus
    • Cervix
    • Ovary
    • Fallopian tubes

CPT®

Surgery (56405-58999)
• Arranged by anatomy “outside to inside”
  – Terms used to describe external female genitalia
    • Perineum
    • Vulva
    • Pudenda
    • Introitus

• Consider terminology to determine procedure
  – -ectomy = removal
  – etc.
Vulva (56405-56821)

Vagina (57000-57426)
- 57022
  - Only CPT® code related to obstetrical complications NOT in labor/delivery section

Cervix Uteri (57452-57800)
- Os = opening of cervix

CPT®

Corpus Uteri (58100-58579)
- Fundus = (body) of uterus
- Endometrium = glandular lining tissue
- Myometrium = muscular wall of uterus
- Excision
  - Biopsy < Myomectomy < Hysterectomy
- D&C
  - Remove endometrium
CPT®

Endoscopy
• Inspection of cavity/hollow organ using a scope
  – Laparoscopy = examination of abdominal cavity

Surgical Endoscopy Always Includes Diagnostic Endoscopy

CPT®

Hysterectomy
• 58150-58294 not by scope
• 58541-58554, 58570-58579 by scope
• Total
  – Removal of fundus + cervix (e.g., 58150)
  – TAH = removed through abdomen
  – TVH = removed through vagina
• Partial
  – Removal of fundus (cervix remains) (e.g., 58180)
  – LSH (Laparoscopic supracervical)
CPT®

Hysteroscopy (58555-58565, 58579)
• Endoscopy of uterine cavity

Oviduct/Ovary (58600-58770)
• Tubal ligation
• Ovary (58000-58960)

Maternity Care/Delivery

Antepartum care (59000-59076)
• Initial visit during pregnancy
• Ongoing visits during pregnancy
  – Average of 13 visits (global OB package)
• OB package includes...
  – Antenatal care
  – Delivery
  – Episiotomy and repair
  – Postpartum care
Maternity Care/Delivery

Postpartum care includes...
• Hospital visits
• 6-week checkup in the office
• Services related to cesarean delivery
  – e.g., two week incision check

Unrelated encounters are reported separately

Maternity Care/Delivery

“Partial” maternity/delivery care
• 59409-59430
  – Patient moves
  – Change of coverage, etc.

• Cesarean Delivery (59510-59525)
  – Successful vaginal delivery after cesarean (59610-59614)
  – Unsuccessful vaginal delivery after cesarean (59618-59622)
  – “Cesarean on demand dx. 669.7x
Maternity Care/Delivery

Twin delivery
- Some payers may not reimburse extra
- Additional documentation may be necessary
- Vaginal delivery
  - 59400 and 59409
- Cesarean
  - 59610-59622
- One vaginal/one Cesarean
  - 59510 and 59409

Ultrasound

- NOT included in OB global package
  - Some payers may include one U.S. in global package (standard of care)
- More than one U.S. may be performed
- 76815
Abortion

• Spontaneous
  – Miscarriage
    • Complete
    • Missed
      – D&C (59812) may be required

• Induced (59840-59857)
  – Therapeutic (medical termination of pregnancy)
    • Failed induced abortion
      – Hysterotomy 59857

Maternity Care/Other

Multifetal pregnancy reduction (MPR)
• 59866

Hydatidiform mole
• No fetus/overgrowth of placental tissue
• 59870 (D&C)

Removal of cerclage suture (59871)
  – Other than local anesthesia
  – Suture is removed for delivery
Reproductive System Surgery

Placement of needles/catheters into pelvic organs/genitalia (not prostate) for interstitial radioelement application
- 55920

Intersex Surgery
- Male to female 55970
- Female to male 55980

CPT®/Medicine Section

Genetics
- counseling 96040
  - Time based (face-to-face)
  - Group counseling
    - Non-physician 98961-98962
    - Physician 99401-99412

- Vaccines
  - Administration (90460-90474)
  - Drug supply
  - Modifier 25 for separate/significant E/M
HCPCS Level II

• Drug supply
  – e.g., J Codes

• Medicare Breast and Pelvic Exam
  – G0101
    • 7 of 11 elements (minimum) must be documented

Modifiers

• Standard modifiers apply
  – e.g. surgical modifiers 22, 58, 59, 78, etc.

• Modifier 25
  – Significant/separate E/M on same day as a minor procedure
    • Not required for separate services during OB global period
    • Distinguish from 57 for E/M with major (90-day global) procedure
The End