

Part B Insider (Multispecialty) Coding Alert

Coding: Learn These New Codes For Mesh Insertion, Vaginal Colpopexy

9 new, revised codes affect a variety of Ob/Gyn procedures

If your Ob/Gyn physician is billing for a variety of new procedures and techniques, then you'll be pleased by the new CPT codes set to take effect in January.

A number of innovative procedures will gain their own codes in the 2005 CPT update. The new CPT codes include:

1. A new add-on code (57267) for repair of pelvic floor via vaginal approach. The new code covers the insertion of a mesh to repair the defect. Physicians will typically use a mesh, or less often a prosthesis, to repair the defect, according to experts. In some cases, with repairs of anterior or posterior components of the vagina, the native tissues aren't strong enough for repair. This is especially true in patients who've had previous repairs. You'd use the new add-on with codes 45560 and 57240-57265.

In the past, if a physician took the time to measure, cut and tack in a piece of mesh, the reimbursement was the same as for a regular repair with suture, one expert explains. This unfair situation should be rectified as of Jan. 1.

2. A revised code (57282) for vaginal colpopexy using extraperitoneal approach. This is a way of repairing a vaginal prolapse that uses ligaments and muscles as suspension points. Currently, 57282 describes using an extra-peritoneal approach for sacrospinous ligament fixation, but the new description includes iliococcygeus fixation as well, because both procedures require the same approach, area of suture placement and work.
3. Also, a new code (57283) describes vaginal colpopexy using intraperitoneal approach. Physicians often perform this procedure along with hysterectomies, and it involves using the uterosacral ligaments or levator musculature as suspension points. But you won't be able to bill this code with 58263 (Vaginal hysterectomy with removal of tube[s], and/or ovary[s], with repair of enterocele) because it's considered a component of 58263.
4. A new code for endometrial cryoablation (58356), a technique to use extreme cold along with ultrasound to ablate the uterus. This new code replaces Category III code 0009T. You can't bill 58356 in conjunction with 58100, 58120, 58340, 76700 or 76856. If the physician performs suction curettage along with the cryoablation, it's included in 58356 and you shouldn't bill it separately. Physicians use this technique to treat and/or diagnose excessive, frequent or irregular menstruation, metrorrhagia and premenopausal menorrhagia.
5. If your physician performs a surgical hysteroscopy with bilateral fallopian cannulation, a new code (58565) will allow you to bill more accurately. This new code is a subset of hysteroscopy code 58558, and it specifies a hysteroscopy "with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants." This is a method of elective female sterilization that replaces tubal ligation.
6. Another new code (58956) covers "bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy." This is a treatment for women with gynecological malignancies with omental metastasis.
7. Two new codes (76820-76821) cover fetal Doppler velocimetry via the umbilical and middle cerebral arteries, respectively. And another code (76827) for Doppler echocardiography was revised to exclude the general term "cardiovascular system."

