

Part B Insider (Multispecialty) Coding Alert

GYNECOLOGY: You Be the Coder--Attain Vaginal Suspension Coding Victory With This Advice

Question: I have documentation that the ob-gyn performed a vaginal vault suspension at the same time as an abdominal hysterectomy. How would I code this situation?

Virginia Subscriber

Answer: Generally, you can report the suspension if the payor doesn't bundle it into another procedure for which you're coding.

Medicare includes [CPT 57280](#) (Colpopexy, abdominal approach) with 58150 (Total abdominal hysterectomy [corpus and cervix]...).

Important: You can't bypass this edit. However, Medicare doesn't bundle any of the vaginal approach colpopexy codes, such as 57282 (Colpopexy, vaginal; extra-peritoneal approach) into abdominal hysterectomy codes.

"The vaginal vault suspension code is dependent upon the approach the ob-gyn performed," says **Amy M. Mannor, RN, BBA**, a physician compliance nurse auditor at Bronson Healthcare Group in Kalamazoo, MI.

Example: If the ob-gyn performed an abdominal approach colpopexy for a documented vaginal vault prolapse prior to the surgery, you can add modifier 22 (Unusual procedural services) to 58150 when you bill Medicare.

Beware: Some payors will deny the vaginal vault suspension for lack of medical necessity. In the case of total or subtotal abdominal hysterectomies, the **American College of Obstetricians and Gynecologists** states, "repairs or suspension procedure of vagina, urethra and perineum" are "examples of intraoperative services excluded from the global service." However, payors argue that the suspension procedure is preventive rather than restorative at the time of the hysterectomy because the ob-gyn performs it to prevent the prolapse from happening in the future.