

# Part B Insider (Multispecialty) Coding Alert

# OB-GYN: Fine Tune How You Report Fetal Evaluations, Fluid Collections, and Ablation of Uterine Fibroids

Overlooking 84112, 99170, 15777's revised descriptors could delay your reimbursement.

Effective January 1, 2014, you'll have four distinct areas of CPT® changes affecting your ob-gyn practice. Start learning them now before the holiday season, so that you're ready for next year.

#### 1. Assess Your 2014 Fetal Evaluation Codes

Ob-gyns can use the plasma of pregnant women for noninvasive prenatal testing that uses cell free fetal DNA to screen for fetal aneuploidy. Now you'll have a CPT® code to report this as of Jan 1, which is 81507 (Fetal aneuploidy [trisomy 21, 18, and 13] DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy).

**Revision:** In addition, you'll see the descriptor for 84112 revised as follows (emphasis added): <a href="Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s)">Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s)</a> (eg. placental alpha microglobulin-1 (PAMG-1)[PAMG-1], cervicovaginal secretionplacental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen. The ob-gyn would order this test to reflect PAMG-1 when he wants to determine whether fetal membranes have ruptured. Note: This code is not a CLIA waived or PPMP test, and therefore, the ob-gyn would not be billing for this service, says **Melanie Witt, RN, CPC, COBGC, MA,** an ob-gyn coding expert based in Guadalupita, N.M.

## 2. Adopt These New Gynecology Codes

You have a Category III code for the laparoscopic ablation of uterine fibroids: 0336T (Laparoscopy, surgical, ablation of uterine fibroid[s], including intraoperative ultrasound guidance and monitoring, radiofrequency). Clinical research here and abroad have shown that radiofrequency ablation (RFA) is effective in treating fibroids, resolving symptoms associated with more than 80 percent of patients. This new technique may provide several advantages over other standard treatments, but because it is new, data must first be collected on its use, Witt says. Remember, when a Category III code exists to describe a service or procedure, you must use that Category III code [] rather than an unlisted-procedure code [] to describe the service when placing a claim.

Secondly, trichomonas vaginalis is a sexually transmitted infection that affects more than 160 million people worldwide. You can now report 87661 (Trichomonas vaginalis, amplified probe technique) when your ob-gyn attempts to detect this condition with a probe.

**Revision:** If your ob-gyn needs to perform an anogenital examination, make sure you pay attention to the revisions to 99170 (emphasis added): Anogenital examination with colposcopic magnification, magnified, in childhood for suspected trauma, including image recording when performed.

### 3. CPT® Updates, Deletes, and Revises Surgical Offerings

When it comes to surgery, CPT® will debut new code 10030 (Image-guided fluid collection drainage by catheter [e.g., abscess, hematoma, seroma, lymphocele, cyst], soft tissue [e.g., extremity, abdominal wall, neck], percutaneous), which could help you code these procedures when your physician needs to drain fluid using catheterization.

Similarly, you can add 49405 (Image-guided fluid collection drainage by catheter [e.g., abscess, hematoma, seroma, lymphocele, cyst]; visceral [e.g., kidney, liver, spleen, lung/mediastinum], percutaneous), 49406 (... peritoneal or



retroperitoneal, percutaneous), and 49407 (... peritoneal or retroperitoneal, transvaginal or transrectal) to your 2014 coding possibilities.

The difference between these codes is that you would report 10030 when the abscess, hematoma, seroma, etc. is on the surface of the body while the 494xx codes are performed when the abscess or other fluid collection is located in the abdominal cavity. And of course, the service represented by 49407, instead of being percutaneous (through the skin), is performed via the vaginal canal or the rectum. Also note that these codes include image guidance.

**Deletion:** You'll need to delete 58823 (Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous [e.g., ovarian, pericolic]) from your coding options as of Jan. 1, 2014. You would now report this procedure as 49407.

As for other surgical deletions, strike 13150 (Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less) from your coding options. The rationale is that a complex repair would not normally be required for a wound less than 1.0 cm.

**Revision:** Also, don't miss the subtle revision of "e.g." changing to "i.e." in 15777 (Implantation of biologic implant [e.g., acellular dermal matrix] for soft tissue reinforcement (i.e., breast, trunk] [List separately in addition to code for primary procedure]). The abbreviation **e.g.**  $\square$  short for the Latin phrase exempli gratia  $\square$  means for example. Contrast that with **i.e.**  $\square$  short for the Latin id est  $\square$  which means that is, namely, or in other words. With this change is the implication that you would only report these implants when applied to the breast or trunk, Witt says.

4. Find Vaccine Codes in Your CPT® 2014

On July 1, the AMA announced the approval of several new vaccine codes that will be published in CPT® 2014.

The main code that is new is 90673 (Influenza virus vaccine, trivalent, derived from recombinant DNA [RIV3], hemagglutnin [HA] protein only, preservative and antibiotic free, for intramuscular use), which was just released on July 1.

The other codes that CPT® announced will make their way into CPT® 2014 may not be in the code book yet, but have already been valid to report since Jan. 1, and include the following codes:

- 90686 [] Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
- 90688 [] Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use.

To read about the new vaccine codes, visit <a href="www.ama-assn.org/resources/doc/cpt/vaccine-codes.pdf">www.ama-assn.org/resources/doc/cpt/vaccine-codes.pdf</a>.