

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Fine Tune Your Fibroid Claims By Studying These Removal Methods

Check out this minimally invasive, nonsurgical option.

To accurately report uterine fibroid removals, you must know what method the ob-gyn used to take care of the growth. Learning more about each method of fibroid treatment, you will be prepared for whatever your ob-gyn chooses to perform.

Method 1: Count Hysterectomy As Most Common Procedure

First, if the ob-gyn removes the uterus entirely, he performed a hysterectomy. This is the most common option, but only when the fibroids are causing problems, such as abdominal pain or heavy bleeding. Without removal of the uterus, recurrence of fibroids is common. The code assignment will depend on the type and extent of the hysterectomy.

Coding example: Because the patient is older than 50 years and has multiple fibroids, your ob-gyn performs a total abdominal hysterectomy (58150, Total abdominal hysterectomy [corpus and cervix], with or without removal of tube[s], with or without removal of ovary[s]). You would not code the fibroid removal separately if the ob-gyn is removing the uterus.

Method 2: Hem in Your Hysteroscopy Choices

Second, an ob-gyn may treat a patient with fibroids with a hysteroscopy. Hysteroscopic submucous resection removes a portion of the protruding fibroid and preserves fertility.

The hysteroscopic procedure requires "the close monitoring of distention media, electrosurgical devices, as well as a patient's anatomy to avoid perforating the uterus. Ob-gyns usually perform this straightforward approach for intracavitary (submucosal) fibroids.

Coding example: Your ob-gyn removed polyps and fibroids by hysteroscope. The pathology diagnosis is fibroid. You should report 58561 (Hysteroscopy, surgical; with removal of leiomyomata) -- unless the ob-gyn also performed a dilation and curettage (D&C). If the ob-gyn did, you can bill both 58561 and 58558 (Hysteroscopy, surgical; with sampling [biopsy] of endometrium and/or polypectomy, with or without D&C). However, if the ob-gyn removed polyps in addition a fibroid, report only 58561

Method 3: Master These Myomectomy Codes

Another option is a myomectomy (58140-58146, 58545-58546). A myomectomy is the removal of uterine fibroids only, which preserves fertility.

Example 1: The ob-gyn sees a 32-year-old patient who has never had a child but would like to. She complains of heavy menses with anemia.

On examination, the physician finds a 15-cm uterus with multiple fibroids that distort the endometrium. Because the patient wishes to have children, she elects to have a myomectomy, which the ob-gyn performs using a laparoscopic approach. The pathology report shows six intramural myomas.

For this case, you should report 58545 (Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas).

Method 4: Make Use of UAE Option

Finally, you may see more uterine fibroid embolization or uterine artery embolization (UAE) procedures. This is a nonsurgical, minimally invasive procedure that will shrink the fibroids by cutting off the blood supply.

The ob-gyn inserts a catheter through an artery in the leg to the arteries in the uterus. The physician then inserts tiny particles of plastic or gelatin through the arteries to block the blood flow inside the fibroids. Without blood flow, the fibroids shrink or may even disappear over time.

You'll report this service using 37210 (Uterine fibroid embolization [UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata], percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and image guidance necessary to complete the procedure).