

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Here's The Key To Your Top 3 Vasectomy Claim Conundrums

Plus: One step you can't miss before you report prevasectomy visits

Choosing the correct procedure and diagnosis codes for a vasectomy consultation can be tricky--add in that Medicare doesn't cover elective vasectomies and you could be seeing red every time your physician performs a vasectomy.

Our expert answers to your most commonly asked vasectomy questions put you on the right track for reimbursement you can rely on.

Question 1: Do different codes exist for unilateral and bilateral vasectomies?

You should report vasectomies using 55250 (Vasectomy, unilateral or bilateral [separate procedure], including postoperative semen examination[s]) regardless of whether the physician performs the procedure on one or both sides. The physician usually, but not always, performs the procedure, cutting the vas deferens and suturing the ends, on both the left and right sides. Even if your physician only cuts and sutures one side, don't change your coding.

Note: The code also includes the local or regional anesthesia that the physician administers, so do not code those services separately.

Remember: Link V25.2 (Encounter for contraceptive management; sterilization) to the vasectomy procedure, says **Kathy Peters**, billing supervisor at **Urology Associates Ltd.** in Milwaukee, Wis.

Question 2: What is the code for a laparoscopic vasectomy?

There is no CPT code for laparoscopic vasectomy. For this procedure, you should report 55559 (Unlisted laparoscopy procedure, spermatic cord).

Key: You should then submit a detailed report to your carrier and compare, or benchmark, the laparoscopic vasectomy to 55550 (Laparoscopy, surgical, with ligation of spermatic veins for varicocele), with respect to the surgical work, technology, equipment used, and time involved, says **Michael A. Ferragamo, MD, FACS**, clinical assistant professor of urology at the **State University of New York, Stony Brook**.

Question 3: How should I report the prevasectomy appointment?

Experts disagree on how you should report pre-vasectomy appointments. Some urology offices recommend reporting consultation codes (99241-99245), and others recommend the new patient codes (99201-99205). Neither option is wrong, and experts even disagree on which option is better.

-Our doctors use a mixture of new patient consults and new patient visits for a first-time patient seeing them for vasectomy evaluation,- Peters says. -The doctor uses his judgment when choosing the code and bases it on whether the patient is referred by another doctor and whether the patient is hesitating to have the vasectomy or not. Basically, the doctor follows the consult rules in choosing whether to report a consult or not.-

Best bet: Ask your individual carriers how they want you to report these visits.

Tip: If the patient is new to your office, report a new patient visit using codes 99201-99205. If the physician (or another

physician in the same practice) has seen the patient within the past three years, however, report an established patient office visit (99212-99215), not a new patient visit.

Caution: To use consult codes 99241-99245, you must be sure that the criteria for consultations are met. There must be a documented request from the requesting physician, a record of the physician stating his findings, opinions, and advice in the patient's chart, and a report that's sent back to the requesting doctor.

Diagnosis help: The ICD-9 code most appropriate for the prevasectomy examination--whether it's a consultation or a new/established patient visit--is V25.09 (Encounter for contraceptive management; general counseling and advice; other).

Remember: Many carriers view code V25.09 as -family planning advice- and pertaining only to the female partner, and they will deny payment for any pre-vasectomy examination of the male when you use this diagnosis. In its place, use V25.2 (Encounter for contraceptive management; sterilization, admission for interruption of -vas deferens), and in most cases you can then expect payment for a prevasectomy service with this diagnosis.