Ob-Gyn Coding Alert

Obstetrics: 5 Tips Will Transform Your Tubal Ligations Into Ethical Reimbursement

Do you know when to apply modifiers 51, 52? Find out.

When a patient no longer wishes to conceive children and requests a tubal ligation, you've got multiple coding avenues at your disposal: a set of codes for procedures performed vaginally or via an open approach, a set of codes for laparoscopic procedures, and a code for Essure tubal ligations.

Coding tubal ligations can be tricky, but you can combat your confusion by focusing on the following aspects of the procedure:

- the ob-gyn's technique (laparoscope or hysteroscope versus open procedure),
- transection (device or fulguration) method, and
- delivery involvement.

Heads up: You'll always report a tubal ligation with Z30.2 (Encounter for sterilization), no matter which type of tubal ligation the ob-gyn performs or the reason the patient (or patient's legal guardian) requested the tubal, says **Melanie Witt, RN, MA,** an ob-gyn coding expert based in Guadalupita, N.M.

Tip 1: Highlight Two Choices For Ligation by Laparoscope

If your ob-gyn uses a laparoscope, you will report either 58670 (Laparoscopy, surgical; with fulguration of oviducts [with or without transection]) if the tube is destroyed using electrocautery or laser or is cut in two and 58671 (... with occlusion of oviducts by device [e.g., band, clip, or Falope ring]) if a device occludes the tube.

Look out: If an ob-gyn performs a "minilaparoscopic tubal," you will look to these two codes as well, Witt points out - but look at the technique to determine which code to use. These two codes differ based on technique regardless of whether the ob-gyn performs the ligation on its own or following a delivery.

Tip 2: You Have Four Options for Ligation by Open/Vaginal Approach

If your ob-gyn does not use a laparoscope and performs an open or vaginal procedure, you will report one of these four options:

- 58600 (Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral)
- 58605 (Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure))
- +58611 (Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (list separately in addition to code for primary procedure))
- 58615 (Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach).

Keep in mind: Sometimes, physicians refer to a tubal procedure as a "Pomeroy tubal," Witt says. This technique involves tying a section of the tube, then removing it. Your ob-gyn can perform this via laparoscope (58670) or via an open procedure (58600, 58605, +58611). You will not report a salpingectomy code for this technique. In addition, the American Congress of Obstetricians and Gynecologists (ACOG), in their August 2016Practice Management and Coding Update stated, "Code 58700 (Salpingectomy, complete or partial, unilateral or bilateral [separate procedure]) should never be used to report a sterilization procedure of any sort. This code was valued to include pathological

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changes of the fallopian tubes that cause complications such as blocked tubes or adhesions."

Tip 3: Ligation Following Vaginal Delivery? Use 58605

Answer 3: You can report the tubal ligations following a vaginal delivery (59400, 59409-59410). If the tubal ligation occurs immediately after the delivery (during the same hospitalization as the delivery), use 58605, says **Nena Scott, PhD, MSEd, RHIA, CCS, CCS-P,** CCDS Director of Coding Quality and Professional Development for TrustHCS in Springfield, Missouri.

If the tubal ligation is performed at the same operative session as a vaginal delivery, modifier 51 (Multiple Procedures) is appended.

Good news: Because the tubal ligation requires a separate incision and is essentially unrelated to the vaginal delivery, carriers that pay for the ligation under other circumstances will generally not take issue with reimbursement using this coding sequence.

However, If the tubal ligation occurs a day or more after the delivery (during the same hospital stay), use 58605 with modifier 79 (Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period). You should receive full reimbursement for the procedure.

Tip 4: Ligation Following C-Section? Check Out 58611

You'll report 58611 for a ligation following a cesarean. Cesarean delivery frequently offers the ob-gyn the chance to perform tubal ligation immediately after the delivery, sparing the patient an additional surgical session.

Red flag: Billing for tubal ligation at the time of cesarean is almost always a problem with payers because they count the cesarean incision as the incision for the ligation, Witt says. To these insurers, the ligation at the same session does not represent significant effort for the ob-gyn.

Although ACOG specifically leaves tubal ligation off the list of bundled procedures in its policy on cesarean deliveries and global ob care with cesarean, some carriers will pay little or nothing extra for the procedure, Witt says.

Money saver: Tubal ligation performed at the time of cesarean delivery can prove a significant source of revenue, so practices should negotiate contract renewal to see that the procedure is reimbursed separately from the global package or cesarean delivery codes. "Also, you should point out to the payer that +58611 is an add-on procedure that does not take a modifier," Witt says. The Resource-Based Relative Value Scale (RBRVS) valued this code based solely on the intraoperative work.

Tip 5: Zero in on 58565 For Essure Procedure

Answer 5: Your ob-gyn can also perform an Essure procedure, which involves implants into the fallopian tubes. For this procedure, you'll use 58565 (Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants).

Note: If the ob-gyn placed the device in only one tube (for instance, if the other tube was already blocked), you should add modifier 52 (Reduced services) to this code.

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