

Ob-Gyn Coding Alert

Reader Question: Here's Why Payers Won't Cover 58700

Question: Wondering if anyone is seeing docs doing salpingectomies at time of c-section's? My docs are starting to do salpingectomies instead of ligation at time of the section. Normally for ligation, +58611 is the CPT® code we use. However, with the salpingectomy, would it still be the same, or 58700? Help is appreciated.

Massachusetts Subscriber

Answer: The American Congress of Obstetricians and Gynecologists (ACOG) has published information that leads many ob-gyns to think that it is better for the patient to do a salpingectomy rather than a tubal for sterilization. The reason is to prevent certain types of cancer that originate in the fallopian tube.

Many payers are not willing to pay more for a sterilization procedure, and especially not during cesarean. Code +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]) has historically paid very little (2.17 RVUs) as opposed to salpingectomy (58700, Salpingectomy, complete or partial, unilateral or bilateral [separate procedure]), which has 22.37 RVUs. It does not take a mathematician to understand why payers don't want to pay this for this type of sterilization, but physicians would like them to.

However, you should note that ACOG did publish an article in July 2016 on this issue. In a nutshell, they have indicated that the code for a salpingectomy is never appropriate to bill when a tubal procedure for sterilization is performed. Code +58611 is still the appropriate code for a salpingectomy done to provide sterilization at the time of a cesarean section.