
# REIMBURSEMENT ADVISER

## Parvovirus in pregnancy

**Q** What is the best way to code for parvovirus in pregnancy?

**A** If an IgG-negative gravida who was exposed to the disease seroconverted to IgG positive, assign the code 647.63 (other infectious and parasitic conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium; antepartum condition) plus 057.0 to indicate parvovirus. Always list the pregnancy code first.

If an IgG-positive gravida was simply exposed to the virus, use the code V23.89 (other high-risk pregnancy) plus V01.7 (contact with or exposure to other viral diseases).

## Infertility testing

**Q** Please clarify which codes we should use to bill for diagnostic testing (imaging tests and laboratory workups) for infertility. We currently use the code category 628.X; is the code V26.1 more appropriate?

**A** No, because it denotes a treatment for infertility (artificial insemination), not diagnostic testing. Further, the 628.X codes (infertility, female) should be used only when you have confirmed that the infertility is caused by the woman, not the male partner.

To appropriately bill for the diagnostic testing, use the code V26.21 (fertility testing) or V26.39 (other investigation and testing). While the former lists only fallopian tube insufflation and sperm count testing as specific examples, this code can be used to bill for any type of testing performed for infertility.

## Repair of female circumcision

**Q** Which CPT and ICD-9 codes should we use for the reversal of a ritual circumcision, i.e., female genital mutilation?

**A** First, report any symptoms or scarring the patient has. For example, possible codes include 623.2 (stricture or atresia of the vagina), 624.4 (old laceration or scarring of the vulva), or 624.8 (other specified noninflammatory disorders of the vulva and perineum). (The code V50.2 [routine or ritual circumcision] is inappropriate as it applies to male circumcision only.)

For the surgery itself, the repair codes are best because the physician first creates the defect (incision) and then repairs it. Look at codes 12001 to 12007, 12041 to 12047, and 13131 to 13133, or consider 56800 (plastic repair of the introitus) if more extensive repair work was performed. If there are labial adhesions, use the code 56441. The code 58999 can be used as a backup, as circumcision reversal may truly be an unlisted procedure. Always submit documentation with the claim.

## Suprapubic catheter insertion

**Q** Our practice is debating which code we should report for the placement of a suprapubic catheter—51010 or 51040. What is the difference between the 2?

**A** The code 51010 (aspiration of bladder; with insertion of suprapubic catheter) is preferred. It refers to the transabdominal placement of a specially designed suprapubic catheter; the aspiration confirms proper placement of the device within the bladder.

The code 51040 (cystotomy, cystotomy with drainage) is used less frequently, usually in conjunction with an abdominal Burch procedure. In this case, the surgeon performs a cystotomy to inspect the lumen of the bladder for any misplaced sutures. Then, he or she inserts a drainage catheter through the cystotomy incision and sutures it around the catheter.

It is important to note that some payers will not reimburse for a procedure that involves checking for suture placement (e.g., cystotomy) because it is considered a standard surgical technique. However, catheter placement is necessary to prevent urinary retention and is a separately billable part of the procedure (51010).

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*This article was written by Melanie Witt, RN, CPC, MA, former program manager in the Department of Coding and Nomenclature at ACOG. She is now an independent coding and documentation consultant. Her comments reflect the most commonly accepted interpretations of CPT-4 and ICD-9-CM coding. When in doubt on a coding or billing matter, check with your individual payer.*