Melanie Witt, RN, CPC, MA

FAST TRACK

For multifaceted procedures, choose coding combinations that have the highest overall relative value and the lowest payer reduction

Which codes for same-day multi-procedures?

Q I need CPT codes for the following surgical procedures performed on 1 patient on the same day: transvaginal hysterectomy, anterior pelvic floor reconstruction with Pelvicol graft tissue, posterior colporrhaphy, enterocele repair, and a bilateral vaginal vault suspension with the IVS tunneler system.

A This type of multifaceted surgery can be coded in several different ways, but you need to be aware of the relative value combinations you may come up with for the different options and the reduction that is applied by the payer when more than 2 procedures are reported on 1 patient on the same day.

You have 2 coding options here:

58270—Vaginal hysterectomy
with enterocele repair
57260-51—Anterior and posterior
(A&P) repair
57282-51—Vaginal vault suspension
57267—Pelvicol graft tissue (no modifier because this is a CPT "add-on" code)

or

58260—Vaginal hysterectomy
57265-51—A&P with enterocele repair
57282-51—Vaginal vault suspension
57267—Pelvicol graft tissue

Each option lists the most extensive procedure first, followed by the additional procedures with decreasing relative value units (RVUs). To decide which coding option is better you will need to know the payer allowables for each and what reduction, if any, the payer applies to the additional procedures. You would also have to be aware of any procedure bundles that are applied by your payer that might be different from those developed by Medicare. If you assumed this payer went by the Medicare relative value system and a 50% reduction for the second and third procedures (the "add-on" should not be discounted by the payer as it is valued based solely on the intraoperative portion for that procedure), the second option would be marginally better.

New TAH-BSO code pays less for less work

Q The new code for total abdominal hysterectomy–bilateral salpingo-oophorectomy (TAH-BSO) with malignancy, 58956, pays less than some of the other codes for malignancy or hysterectomy. Why?

A If you analyze the procedures included in code 58956 (BSO with total omentectomy, total abdominal hysterectomy for malignancy) and compare those with other codes for malignancy with hysterectomy, you will find 5 codes that have a higher RVU: 58210, 58951, 58952, 58953, and 58954. This is because the procedures associated with the new code involve less work than these other procedures.

For instance, code 58951 includes pelvic and limited paraaortic lymphadenectomy in addition to hysterectomy, BSO, and omentectomy. The code for the radical hysterectomy, 58210, also has a higher RVU than 58956, but again that is because the procedure requires more physician work. With 58956, only a total hysterectomy is performed, but 58210 is for a radical hysterectomy; that is, in addition to the uterus and cervix, the parametrium, uterosacral ligaments, and the upper part of the vagina are removed. In the case of codes 58952 through 58954, these procedures also involve radical dis-

section for debulking, which involves removal or destruction of intraabdominal or retroperitoneal tumors in addition to all the other work.

Has Medicare corrected cryoablation RVUs yet?

Q Have the RVUs originally assigned in November 2004 to 58356 (endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed) been corrected so this set of procedures is now reimbursing more in line with other endometrial ablation methods?

A Yes. Medicare released a transmittal in February 2005 (http://www.cms.hhs.gov/manuals/pm_trans/R475CP.pdf) that outlines changes to the payment file that became effective on April 4, 2005. The nonfacility practice expense relative value was raised to 61.43 RVUs, which means the total RVUs for this code are now 68.63. The relative value for the facility setting is much lower, however, at 9.87 RVUs.

Can perineoplasty be coded with A&P repair?

Q We billed an A&P repair using CPT code 57260 and perineoplasty with CPT 56810-51. It was denied as bundled. Should I have used modifier -59 (distinct procedure)?

A No. Perineoplasty is the same thing as perineorrhaphy. Since this procedure is included with a posterior repair (code 57250) and you are billing for a combined posterior and anterior repair, the perineoplasty would be included in code 57260 as well. ■

Ms. Witt, former program manager in the Department of Coding and Nomenclature at the American College of Obstetricians and Gynecologists, is an independent coding and documentation consultant. Reimbursement Adviser reflects 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.