

Patient follow-up after urodynamic testing

Q Our nurse performs urodynamic testing in our office (CPT codes 51772, 51726-51, and 51741-51), which we bill globally, since our physician interprets the tests. Is the follow-up appointment (when the patient comes back for the test results, discussion of treatment options, etc.) a billable evaluation and management (E/M) visit or is it included in the urodynamics charge?

A All of the codes you cited have 0 global days, per the Medicare resource-based relative value scale, which means they include only services related to the urodynamic test on the day it is performed. If the patient returns to discuss results and treatment options, the visit is billed as an E/M service. In most cases, this visit will consist of counseling. You therefore could meet the CPT requirement that says if counseling dominates the encounter, you can pick your E/M service based on the typical time detailed in the code description. Just be sure the physician indicates the content of the counseling and the time it took, so that the correct level of E/M service can be selected.

Update on hysterectomy codes

Q If a doctor performs a laparoscopy-assisted vaginal hysterectomy (LAVH) with removal of leiomyomata, which procedure code is correct: 58550 or 58551?

A CPT describes code 58550 as an LAVH, and code 58551 as laparoscopic removal of leiomyoma (i.e., fibroids). Because most fibroids are attached to the uterus you are removing, you should only code for the hysterectomy. If a fibroid in some other location was removed or if overly large fibroids complicated the surgery, you could code the

myomectomy separately—just be sure to send a note with the claim and operative report verifying that this was a procedure distinct from the uterus removal.

Note, however, that both these codes have been altered in CPT 2003. Specifically, code 58551 has been deleted, with 2 new codes (58545 and 58546) replacing it. Coding for fibroid removal will now be dependent on the number of fibroids (less than 5 versus 5 or more), and their weight.

Code 58550, meanwhile, was revised, and 3 new codes were added (58552, 58553, and 58554) to account for the weight of the uterus. If this surgery occurred in 2003, the code used could be affected if the fibroids increased the size of the uterus. Code 58550 would be selected for a uterus of 250 g or less, code 58552 for a uterus 250 g or less with removal of tubes and ovaries, code 58553 for a uterus of more than 250 g, and code 58554 for a uterus over 250 g with removal of tubes and ovaries.

Assessing fetal scalp pH levels

Q Is there any additional billing when a fetal scalp pH is taken at the time of delivery?

A CPT lists code 59030 (fetal scalp blood sampling) as a billable service outside of the global obstetric package. However, some payers may decide this test is inessential if your documentation does not support its medical necessity. Be sure, therefore, that your diagnostic coding is in order. ■

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.