OPTUM360®

CODING COMPANION

OB/GYN

A comprehensive illustrated guide to coding and reimbursement

2022

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Contents

Getting Started with Coding Companion ..... **i**
- CPT Codes i
- ICD-10-CM i
- Detailed Code Information i
- Appendix Codes and Descriptions i
- CCI Edit Updates i
- Index i
- General Guidelines i

Ob/Gyn Procedures and Services **1**
- E/M Services 1
- Skin 23
- Pilonidal Cyst 34
- Implant 35
- Repair 38
- Destruction 49
- Arteries and Veins 50
- Lymph Nodes 53
- Intestines 59
- Anus 60
- Abdomen 63
- Ureter 77
- Bladder 78
- Urethra 91
- Reproductive 97
- Vulva 98
- Vagina 114
- Cervix Uteri 157
- Corpus Uteri 175
- Oviduct 238
- Ovary 253
- In Vitro 268
- Maternity Care 271
- Nervous 332
- Operating Microscope 336
- Radiology 337
- Medicine 358
- HCPCS 361
- Appendix 364

Correct Coding Initiative Update **395**

Index **451**

Getting Started with Coding Companion

Coding Companion for OB/GYN is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

CPT Codes

For ease of use, evaluation and management codes related to OB/GYN are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the pages following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Surgery
- Radiology
- Pathology and Laboratory
- Medicine Services
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version XX.X, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is http://www.optum360coding.com/ProductUpdates/. The 2022 edition password is: **XXXX**XXX**X22**. Log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)

could be found in the index under the following main terms:

Antrotomy
Transmastoid, 69501

OR

Excision
Mastoid
Simple, 69501

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xiv of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

99354-99359

+▲★**99354** Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])

+▲★**99355** each additional 30 minutes (List separately in addition to code for prolonged service)

+▲ **99356** Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)

\+ **99357** each additional 30 minutes (List separately in addition to code for prolonged service)

99358 Prolonged evaluation and management service before and/or after direct patient care; first hour

\+ **99359** each additional 30 minutes (List separately in addition to code for prolonged service)

Explanation

Prolonged services involve face-to-face patient contact or psychotherapy services beyond the typical service time and should only be reported once per day. Direct patient contact also includes additional non-face-to-face time, such as time spent on the patient's floor or unit in the hospital or nursing facility setting. For prolonged services rendered in the outpatient setting for the first hour, report 99354; for each additional 30 minutes, report 99355. For prolonged services rendered in the inpatient or observation setting for the first hour, report 99356; for each additional 30 minutes, report 99357. Codes should be reported using the total duration of face-to-face time spent by the clinician on the date of service even when the time spent is not continuous. Report prolonged service without direct patient contact with 99358-99359.

Coding Tips

These codes are used to report prolonged services, with direct patient contact (99354-99357) or without direct patient contact (99358-99359) beyond the usual service. These are time-based codes and time spent with the patient must be documented in the medical record. Codes 99354-99357 are only reported in addition to other time-based E/M services. Time spent on other separately reported services excluding the E/M service should not be counted toward the prolonged service time. Code selection is based on whether the service is provided in the outpatient setting or an inpatient or observation setting. For prolonged services provided by a physician or other qualified health care professional with or without direct patient contact in the office or other outpatient setting (i.e., 99205 or 99215), see 99417. For prolonged services provided by a physician or other qualified health care professional involving total time spent at the patient's bedside and on the floor/unit in the hospital or nursing facility, see 99356-99357. For prolonged services provided by a physician or other qualified health care professional without face-to-face contact or unit/floor time, see 99358-99359. Codes 99358-99359 may be reported on a different date of service than the primary service and do not require the primary service to have an established time. Prolonged service of less than 30 minutes should not be reported separately. Report 99354, 99356, and 99358 only once per day for the initial hour of prolonged service care; for each additional 30-minute block of time beyond the initial hour, see 99355, 99357, and 99359. For prolonged services provided by clinical staff, see 99415-99416. Do not report 99354-99355 with 99202-99205, 99212-99215, or 99415-99417. Report 99354 in addition to 90837, 90847, 99241-99245, 99324-99337, 99341-99350, and 99483. Report 99355 in addition to 99354. Report 99356 in addition to 90837, 90847, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, and 99304-99310. Report 99357 in addition to 99356. Do not report 99358-99359 on the same date of service as 99202-99205, 99212-99215, or 99417. Do not report 99358 or 99359 for time spent performing the following E/M or monitoring services: 93792-93793, 99339, 99340, 99374-99380, 99366-99368, 99421-99423, 99446-99449, 99451-99452, or 99491. Report 99359 in addition to 99358. Medicare has identified 99356 and 99357 as telehealth/telemedicine services. Commercial payers should be contacted regarding their coverage guidelines. Telemedicine services may be reported by the performing provider by adding modifier 95 to 99354-99357. Services at the origination site are reported with HCPCS Level II code Q3014.

ICD-10-CM Diagnostic Codes

This/these CPT code(s) are add-on code(s). See the primary procedure code that this code is performed with for your ICD-10-CM code selections.

AMA: **99354** 2020,Sep,3; 2020,Feb,3; 2019,Oct,10; 2019,Jun,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Oct,9; 2015,Oct,3; 2015,Jan,16; 2014,Oct,8; 2014,Jun,14; 2014,Jan,11; 2014,Apr,6 **99355** 2020,Sep,3; 2020,Feb,3; 2019,Oct,10; 2019,Jun,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Oct,3; 2015,Oct,9; 2015,Jan,16; 2014,Oct,8; 2014,Jun,14; 2014,Jan,11; 2014,Apr,6 **99356** 2020,Sep,3; 2019,Jun,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Oct,3; 2015,Oct,9; 2015,Jan,16; 2014,Oct,8; 2014,Jun,14; 2014,Jan,11; 2014,Apr,6 **99357** 2020,Sep,3; 2019,Jun,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Oct,3; 2015,Oct,9; 2015,Jan,16; 2014,Oct,8; 2014,Jun,14; 2014,Jan,11; 2014,Apr,6 **99358** 2020,Sep,3; 2020,Feb,3; 2019,Jun,7; 2019,Jan,13; 2018,Oct,9; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Oct,3; 2014,Oct,8; 2014,Jan,11 **99359** 2020,Sep,3; 2020,Feb,3; 2019,Jun,7; 2019,Jan,13; 2018,Oct,9; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Oct,3; 2014,Oct,8; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
99354	2.33	1.18	0.15	3.66
99355	1.77	0.9	0.11	2.78
99356	1.71	0.79	0.11	2.61
99357	1.71	0.81	0.11	2.63
99358	2.1	0.92	0.13	3.15
99359	1.0	0.46	0.08	1.54
Facility RVU	**Work**	**PE**	**MP**	**Total**
99354	2.33	0.96	0.15	3.44
99355	1.77	0.71	0.11	2.59
99356	1.71	0.79	0.11	2.61
99357	1.71	0.81	0.11	2.63
99358	2.1	0.92	0.13	3.15
99359	1.0	0.46	0.08	1.54

	FUD	Status	MUE	Modifiers				IOM Reference
99354	N/A	A	1(2)	N/A	N/A	N/A	80*	100-04,11,40.1.3; 100-04,12,30.6.4; 100-04,12,30.6.13; 100-04,12,30.6.14; 100-04,12,30.6.15.1; 100-04,12,30.6.15.2; 100-04,12,100
99355	N/A	A	4(3)	N/A	N/A	N/A	80*	
99356	N/A	A	1(2)	N/A	N/A	N/A	80*	
99357	N/A	A	4(3)	N/A	N/A	N/A	80*	
99358	N/A	A	1(2)	N/A	N/A	N/A	80*	
99359	N/A	A	2(3)	N/A	N/A	N/A	80*	

* with documentation

 N Newborn: 0 **P Pediatric: 0-17** **M Maternity: 9-64** **A Adult: 15-124** ♂ **Male Only** ♀ **Female Only**

AMA: **49321** 2018,Jan,8; 2018,Aug,10; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
49321	5.44	3.4	1.18	10.02
Facility RVU	**Work**	**PE**	**MP**	**Total**
49321	5.44	3.4	1.18	10.02

	FUD	Status	MUE	Modifiers				IOM Reference
49321	10	A	1(2)	51	N/A	62	80	None

* with documentation

Terms To Know

biopsy. Tissue or fluid removed for diagnostic purposes through analysis of the cells in the biopsy material.

forceps. Tool used for grasping or compressing tissue.

laparoscopy. Direct visualization of the peritoneal cavity, outer fallopian tubes, uterus, and ovaries utilizing a laparoscope, a thin, flexible fiberoptic tube.

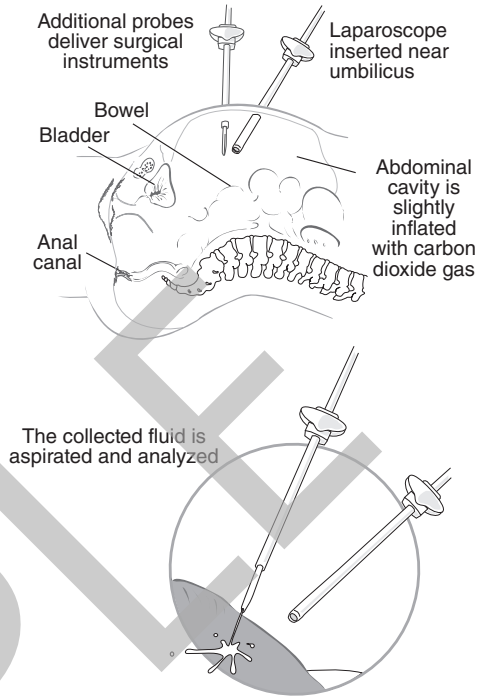
omentum. Fold of peritoneal tissue suspended between the stomach and neighboring visceral organs of the abdominal cavity.

peritoneum. Strong, continuous membrane that forms the lining of the abdominal and pelvic cavity. The parietal peritoneum, or outer layer, is attached to the abdominopelvic walls and the visceral peritoneum, or inner layer, surrounds the organs inside the abdominal cavity.

trocar. Cannula or a sharp pointed instrument used to puncture and aspirate fluid from cavities.

49322

49322 Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)



Explanation

The physician makes a 1.0-centimeter incision in the umbilicus through which the abdomen is inflated and a fiberoptic laparoscope is inserted. A second incision is made directly below the umbilicus, just above the pubic hairline, through which a trocar can be passed into the abdominal cavity to deliver instruments. The physician manipulates the tools to view the pelvic organs through the laparoscope. An additional incision may be needed for a second light source. Once the biopsy site is viewed through the laparoscope, a 5.0-centimeter incision is made just above the site. Through this incision, the physician uses an aspirating probe to aspirate a cavity or cyst or to collect fluid for culture. The instruments are removed and the incisions are sutured.

Coding Tips

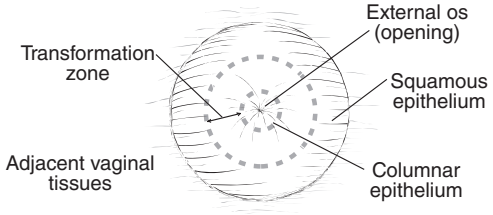
Surgical laparoscopy always includes diagnostic laparoscopy. For diagnostic laparoscopy only, see 49320. For laparoscopic fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method, see 58662.

ICD-10-CM Diagnostic Codes

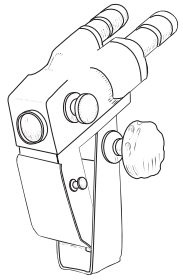
N70.01	Acute salpingitis ♀
N70.02	Acute oophoritis ♀
N70.03	Acute salpingitis and oophoritis ♀
N70.11	Chronic salpingitis ♀
N70.12	Chronic oophoritis ♀
N70.13	Chronic salpingitis and oophoritis ♀
N73.0	Acute parametritis and pelvic cellulitis ♀
N73.1	Chronic parametritis and pelvic cellulitis ♀
N73.4	Female chronic pelvic peritonitis ♀
N73.8	Other specified female pelvic inflammatory diseases ♀
N83.01	Follicular cyst of right ovary ♀ ☑

57454-57456

57454 Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455 with biopsy(s) of the cervix
57456 with endocervical curettage



Schematic of cervix as viewed through colposcope


Colposcope


Biopsy forceps

Explanation

The physician inserts a speculum into the vagina to fully expose and examine the cervix to identify abnormal cells. The upper/adjacent portion of the vagina is examined through a colposcope and a binocular microscope is used for direct visualization of the vagina, ectocervix, and endocervix. The physician swabs the vaginal walls and cervix with vinegar, iodine, or another type of solution to remove mucus and highlight abnormal cells by turning them white, making them more easily identifiable for biopsy. In 57455, the physician biopsies the cervix by inserting an instrument into the vagina and removing one or more small tissue samples. In 57456, endocervical curettage is performed by passing a small curette into the endocervical canal, the passage between the external cervical os and the uterine cavity. A specimen is obtained by scraping in the canal with the curette. In 57454, the physician performs biopsy and endocervical curettage procedures. The instrument is removed.

Coding Tips

For colposcopy performed on the vulva, see 56820–56821; on the vagina, see 57420–57421. For colposcopy with loop electrode biopsy(s) of the cervix, see 57460; with loop electrode conization of the cervix, see 57461. Endometrial biopsy performed at the same time as a colposcopy is reported with 58110. Do not report 57454-57456 with 57452.

ICD-10-CM Diagnostic Codes

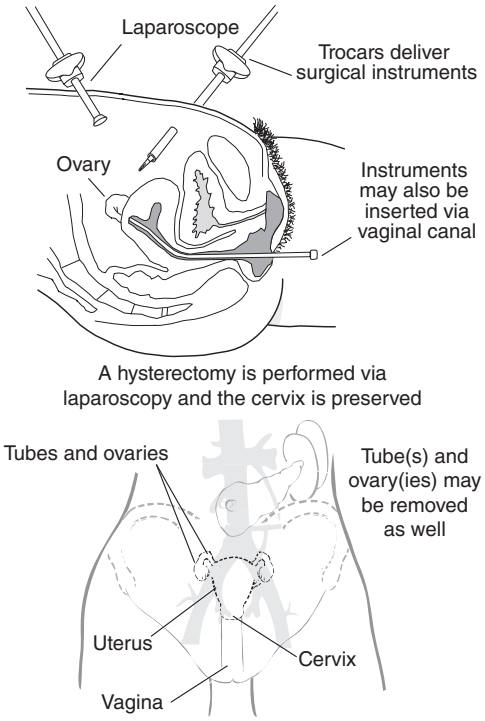
A56.02 Chlamydial vulvovaginitis ♀
A60.04 Herpesviral vulvovaginitis ♀
A63.0 Anogenital (venereal) warts
C52 Malignant neoplasm of vagina ♀
C53.0 Malignant neoplasm of endocervix ♀
C53.1 Malignant neoplasm of exocervix ♀
C53.8 Malignant neoplasm of overlapping sites of cervix uteri ♀
C54.0 Malignant neoplasm of isthmus uteri ♀
C54.1 Malignant neoplasm of endometrium ♀
C54.2 Malignant neoplasm of myometrium ♀
C54.3 Malignant neoplasm of fundus uteri ♀
C54.8 Malignant neoplasm of overlapping sites of corpus uteri ♀
D06.0 Carcinoma in situ of endocervix ♀
D06.1 Carcinoma in situ of exocervix ♀
D06.7 Carcinoma in situ of other parts of cervix ♀
D07.1 Carcinoma in situ of vulva ♀
D07.2 Carcinoma in situ of vagina ♀
D26.0 Other benign neoplasm of cervix uteri ♀
D28.1 Benign neoplasm of vagina ♀
D39.0 Neoplasm of uncertain behavior of uterus ♀
D39.8 Neoplasm of uncertain behavior of other specified female genital organs ♀
N72 Inflammatory disease of cervix uteri ♀
N75.0 Cyst of Bartholin's gland ♀
N75.1 Abscess of Bartholin's gland ♀
N75.8 Other diseases of Bartholin's gland ♀
N76.0 Acute vaginitis ♀
N76.1 Subacute and chronic vaginitis ♀
N76.5 Ulceration of vagina ♀
N76.81 Mucositis (ulcerative) of vagina and vulva ♀
N76.89 Other specified inflammation of vagina and vulva ♀
N80.4 Endometriosis of rectovaginal septum and vagina ♀
N84.1 Polyp of cervix uteri ♀
N84.2 Polyp of vagina ♀
N86 Erosion and ectropion of cervix uteri ♀
N87.0 Mild cervical dysplasia ♀
N87.1 Moderate cervical dysplasia ♀
N88.0 Leukoplakia of cervix uteri ♀
N88.1 Old laceration of cervix uteri ♀
N88.2 Stricture and stenosis of cervix uteri ♀
N88.3 Incompetence of cervix uteri ♀
N88.4 Hypertrophic elongation of cervix uteri ♀
N88.8 Other specified noninflammatory disorders of cervix uteri ♀
N89.0 Mild vaginal dysplasia ♀
N89.1 Moderate vaginal dysplasia ♀
N89.4 Leukoplakia of vagina ♀
N89.5 Stricture and atresia of vagina ♀
N89.7 Hematocolpos ♀
N89.8 Other specified noninflammatory disorders of vagina ♀
N92.4 Excessive bleeding in the premenopausal period ♀
N93.0 Postcoital and contact bleeding ♀
N93.1 Pre-pubertal vaginal bleeding ♀
N93.8 Other specified abnormal uterine and vaginal bleeding ♀
N94.2 Vaginismus ♀
N94.89 Other specified conditions associated with female genital organs and menstrual cycle ♀
N95.0 Postmenopausal bleeding ♀
N95.2 Postmenopausal atrophic vaginitis ♀
N99.2 Postprocedural adhesions of vagina ♀
Q51.6 Embryonic cyst of cervix ♀
Z12.4 Encounter for screening for malignant neoplasm of cervix ♀

 N Newborn: 0 **P Pediatric: 0-17** **M Maternity: 9-64** **A Adult: 15-124** ♂ **Male Only** ♀ **Female Only**

58541-58542

58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;

58542 with removal of tube(s) and/or ovary(s)



Explanation

The physician performs a laparoscopic hysterectomy, removing a uterus with a total weight of 250 gm or less while preserving the cervix. The patient is placed in the dorsal lithotomy position. After the insertion of a speculum in the vagina, the physician grasps the cervix with an instrument to manipulate the uterus during the surgery. A trocar is inserted periumbilically and the abdomen is insufflated with gas. Additional trocars are placed in the right and left lower quadrants. The uterus is dissected free from the bladder and surrounding tissue and its body is separated from the cervix. Coagulation is achieved with the aid of electrocautery instruments. Alternatively, some vessels may be ligated. The uterus is morcellized and removed using endoscopic tools. In 58542, one or both ovaries and/or one or both fallopian tubes are removed in similar fashion. Once the excisions are complete, the abdominal cavity is deflated and instruments and trocars removed. The fascia and skin are closed with sutures.

Coding Tips

Surgical laparoscopy always includes diagnostic laparoscopy. For diagnostic laparoscopy, see 49320. For laparoscopic supracervical hysterectomy, for a uterus greater than 250 gm, see 58543; with removal of tubes and/or ovaries, see 58544. Do not report 58541-58542 with 49320, 57000, 57180, 57410, 58140–58146, 58545–58546, 58561, 58661, or 58670-58671.

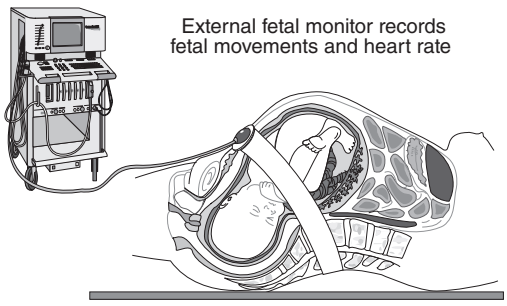
ICD-10-CM Diagnostic Codes

C54.0 Malignant neoplasm of isthmus uteri ♀
C54.1 Malignant neoplasm of endometrium ♀
C54.2 Malignant neoplasm of myometrium ♀
C54.3 Malignant neoplasm of fundus uteri ♀
C54.8 Malignant neoplasm of overlapping sites of corpus uteri ♀
C56.1 Malignant neoplasm of right ovary ♀ ☑
C56.2 Malignant neoplasm of left ovary ♀ ☑
C57.01 Malignant neoplasm of right fallopian tube ♀ ☑
C57.02 Malignant neoplasm of left fallopian tube ♀ ☑
C57.11 Malignant neoplasm of right broad ligament ♀ ☑
C57.12 Malignant neoplasm of left broad ligament ♀ ☑
C57.21 Malignant neoplasm of right round ligament ♀ ☑
C57.22 Malignant neoplasm of left round ligament ♀ ☑
C57.3 Malignant neoplasm of parametrium ♀
C57.7 Malignant neoplasm of other specified female genital organs ♀
C57.8 Malignant neoplasm of overlapping sites of female genital organs ♀
C79.61 Secondary malignant neoplasm of right ovary ♀ ☑
C79.62 Secondary malignant neoplasm of left ovary ♀ ☑
C79.82 Secondary malignant neoplasm of genital organs
D07.0 Carcinoma in situ of endometrium ♀
D07.39 Carcinoma in situ of other female genital organs ♀
D25.0 Submucous leiomyoma of uterus ♀
D25.1 Intramural leiomyoma of uterus ♀
D25.2 Subserosal leiomyoma of uterus ♀
D39.0 Neoplasm of uncertain behavior of uterus ♀
D39.11 Neoplasm of uncertain behavior of right ovary ♀ ☑
D39.12 Neoplasm of uncertain behavior of left ovary ♀ ☑
D39.2 Neoplasm of uncertain behavior of placenta Ⓜ ♀
D39.8 Neoplasm of uncertain behavior of other specified female genital organs ♀
D49.59 Neoplasm of unspecified behavior of other genitourinary organ
N39.3 Stress incontinence (female) (male)
N70.01 Acute salpingitis ♀
N70.02 Acute oophoritis ♀
N70.03 Acute salpingitis and oophoritis ♀
N70.11 Chronic salpingitis ♀
N70.12 Chronic oophoritis ♀
N70.13 Chronic salpingitis and oophoritis ♀
N71.0 Acute inflammatory disease of uterus ♀
N71.1 Chronic inflammatory disease of uterus ♀
N73.0 Acute parametritis and pelvic cellulitis ♀
N73.1 Chronic parametritis and pelvic cellulitis ♀
N73.3 Female acute pelvic peritonitis ♀
N73.4 Female chronic pelvic peritonitis ♀
N73.6 Female pelvic peritoneal adhesions (postinfective) ♀
N73.8 Other specified female pelvic inflammatory diseases ♀
N80.0 Endometriosis of uterus ♀
N80.1 Endometriosis of ovary ♀
N80.2 Endometriosis of fallopian tube ♀
N81.2 Incomplete uterovaginal prolapse ♀
N81.3 Complete uterovaginal prolapse ♀
N81.89 Other female genital prolapse ♀
N83.01 Follicular cyst of right ovary ♀ ☑
N83.02 Follicular cyst of left ovary ♀ ☑
N83.11 Corpus luteum cyst of right ovary ♀ ☑
N83.12 Corpus luteum cyst of left ovary ♀ ☑
N83.291 Other ovarian cyst, right side ♀ ☑

 Ⓝ Newborn: 0 Ⓟ Pediatric: 0-17 Ⓜ Maternity: 9-64 Ⓐ Adult: 15-124 ♂ Male Only ♀ Female Only

59025

59025 Fetal non-stress test



Explanation

The physician evaluates fetal heart rate response to its own activity. The patient reports fetal movements as an external monitor records fetal heart rate changes. The procedure is noninvasive and takes 20 to 40 minutes to perform. If the fetus is not active, an acoustic device may be used to stimulate activity.

Coding Tips

Check with third-party payers to see if one fetal non-stress test is included in the total obstetrical package. For patients with conditions complicating pregnancy, 59025 is typically performed weekly for the last six weeks of gestation. The non-stress test is usually the primary means of surveillance for most conditions that place the fetus at high risk for placental insufficiency. Procedure 59025 has both a technical and professional component. To claim only the professional component, append modifier 26. To claim only the technical component, append modifier TC. To claim the complete procedure (i.e., both the professional and technical components), submit without a modifier. For fetal contraction stress test, see 59020.

ICD-10-CM Diagnostic Codes

O09.01 Supervision of pregnancy with history of infertility, first trimester M ♀
O09.02 Supervision of pregnancy with history of infertility, second trimester M ♀
O09.03 Supervision of pregnancy with history of infertility, third trimester M ♀
O09.11 Supervision of pregnancy with history of ectopic pregnancy, first trimester M ♀
O09.12 Supervision of pregnancy with history of ectopic pregnancy, second trimester M ♀
O09.13 Supervision of pregnancy with history of ectopic pregnancy, third trimester M ♀
O09.211 Supervision of pregnancy with history of pre-term labor, first trimester M ♀
O09.212 Supervision of pregnancy with history of pre-term labor, second trimester M ♀
O09.213 Supervision of pregnancy with history of pre-term labor, third trimester M ♀
O09.511 Supervision of elderly primigravida, first trimester M ♀
O09.512 Supervision of elderly primigravida, second trimester M ♀
O09.513 Supervision of elderly primigravida, third trimester M ♀
O09.611 Supervision of young primigravida, first trimester M ♀
O09.612 Supervision of young primigravida, second trimester M ♀
O09.613 Supervision of young primigravida, third trimester M ♀
O12.01 Gestational edema, first trimester M ♀
O12.02 Gestational edema, second trimester M ♀
O12.03 Gestational edema, third trimester M ♀
O12.11 Gestational proteinuria, first trimester M ♀
O12.12 Gestational proteinuria, second trimester M ♀
O12.13 Gestational proteinuria, third trimester M ♀
O12.21 Gestational edema with proteinuria, first trimester M ♀
O12.22 Gestational edema with proteinuria, second trimester M ♀
O12.23 Gestational edema with proteinuria, third trimester M ♀
O13.1 Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester M ♀
O13.2 Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester M ♀
O13.3 Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester M ♀
O14.12 Severe pre-eclampsia, second trimester M ♀
O14.13 Severe pre-eclampsia, third trimester M ♀
O14.22 HELLP syndrome (HELLP), second trimester M ♀
O14.23 HELLP syndrome (HELLP), third trimester M ♀
O15.02 Eclampsia complicating pregnancy, second trimester M ♀
O15.03 Eclampsia complicating pregnancy, third trimester M ♀
O15.1 Eclampsia complicating labor M ♀
O20.0 Threatened abortion M ♀
O21.1 Hyperemesis gravidarum with metabolic disturbance M ♀
O21.2 Late vomiting of pregnancy M ♀
O24.410 Gestational diabetes mellitus in pregnancy, diet controlled M ♀
O24.414 Gestational diabetes mellitus in pregnancy, insulin controlled M ♀
O30.011 Twin pregnancy, monochorionic/monoamniotic, first trimester M ♀
O30.012 Twin pregnancy, monochorionic/monoamniotic, second trimester M ♀
O30.013 Twin pregnancy, monochorionic/monoamniotic, third trimester M ♀
O30.031 Twin pregnancy, monochorionic/diamniotic, first trimester M ♀
O30.032 Twin pregnancy, monochorionic/diamniotic, second trimester M ♀
O30.033 Twin pregnancy, monochorionic/diamniotic, third trimester M ♀
O30.041 Twin pregnancy, dichorionic/diamniotic, first trimester M ♀
O30.042 Twin pregnancy, dichorionic/diamniotic, second trimester M ♀
O30.043 Twin pregnancy, dichorionic/diamniotic, third trimester M ♀
O30.111 Triplet pregnancy with two or more monochorionic fetuses, first trimester M ♀
O30.112 Triplet pregnancy with two or more monochorionic fetuses, second trimester M ♀
O30.113 Triplet pregnancy with two or more monochorionic fetuses, third trimester M ♀
O30.121 Triplet pregnancy with two or more monoamniotic fetuses, first trimester M ♀
O30.122 Triplet pregnancy with two or more monoamniotic fetuses, second trimester M ♀
O30.123 Triplet pregnancy with two or more monoamniotic fetuses, third trimester M ♀
O36.80X1 Pregnancy with inconclusive fetal viability, fetus 1 M ♀
O36.80X2 Pregnancy with inconclusive fetal viability, fetus 2 M ♀

59430

59430 Postpartum care only (separate procedure)

Explanation

Postpartum care includes hospital and office visits following vaginal or cesarean section delivery.

Coding Tips

This separate procedure by definition is usually a component of a more complex service and is not identified separately. When performed alone or with other unrelated procedures/services it may be reported. If performed alone, list the code; if performed with other procedures/services, list the code and append modifier 59 or an X{EPSU} modifier. Office or other outpatient encounters following a vaginal or cesarean delivery are included in the description of this service. If services provided do not match the code description of postpartum care only, use the appropriate stand-alone code (e.g., vaginal delivery with postpartum care, 59410, or total OB care, 59400). If care rendered was less than the listed service (i.e., the one that most closely describes the service performed), append modifier 52 and reduce the cost of the service. See notes in CPT for directions in the use of the maternity care and delivery codes. For antepartum care, four or more visits, see 59425 and 59426.

ICD-10-CM Diagnostic Codes

O11.5	Pre-existing hypertension with pre-eclampsia, complicating the puerperium M ♀
O12.05	Gestational edema, complicating the puerperium M ♀
O12.15	Gestational proteinuria, complicating the puerperium M ♀
O12.25	Gestational edema with proteinuria, complicating the puerperium M ♀
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium M ♀
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium M ♀
O14.15	Severe pre-eclampsia, complicating the puerperium M ♀
O14.25	HELLP syndrome, complicating the puerperium M ♀
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs M ♀
Z39.0	Encounter for care and examination of mother immediately after delivery M ♀
Z39.1	Encounter for care and examination of lactating mother M ♀
Z39.2	Encounter for routine postpartum follow-up M ♀

AMA: **59430** 2019,Jul,6; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

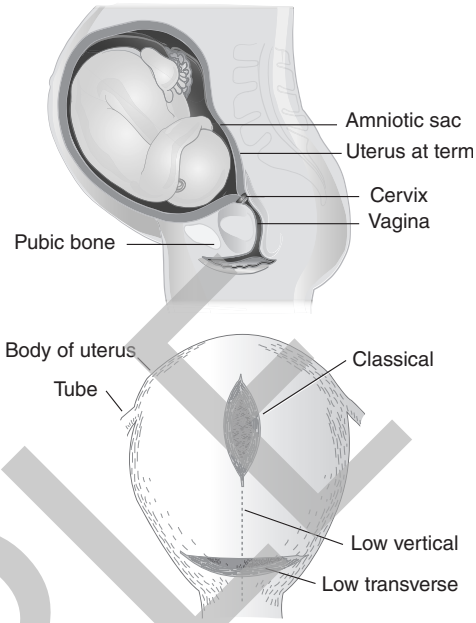
Non-Facility RVU	Work	PE	MP	Total
59430	2.47	2.87	0.62	5.96
Facility RVU	**Work**	**PE**	**MP**	**Total**
59430	2.47	0.96	0.62	4.05

	FUD	Status	MUE	Modifiers				IOM Reference
59430	N/A	A	1(2)	51	N/A	N/A	N/A	None

* with documentation

59510

59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care



The physician delivers the infant through an abdominal incision

Explanation

The physician delivers an infant through a horizontal or vertical incision in the abdomen and uterus. Once the incisions are made, the infant is delivered and the placenta separated and removed. The uterine and abdominal incisions are closed with sutures. This procedure includes both antepartum and postpartum care. Antepartum or prenatal care includes the initial and subsequent histories, physical examinations, recording of weight, blood pressures, fetal heart tones, and routine chemical urinalysis. It includes monthly visits up to 28 weeks gestation, biweekly visits to 36 weeks gestation, and weekly visits until delivery. Postpartum care includes hospital and office visits following delivery.

Coding Tips

If services provided do not match the code description of cesarean delivery, including antepartum and postpartum care, use the appropriate stand-alone code (e.g., antepartum care, 59425–59426, or cesarean delivery only, 59514). If care rendered was less than the listed service (i.e., the one that most closely describes the service performed), append modifier 52 and reduce the cost of the service. See notes in CPT for directions in the use of the maternity care and delivery codes. For standby attendance for infant, see 99360. For cesarean delivery only, see 59514. For cesarean delivery including postpartum care, see 59515. Note that codes 59618–59622 report a cesarean delivery following attempted vaginal delivery after a previous cesarean section.

ICD-10-CM Diagnostic Codes

O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester M ♀
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester M ♀
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester M ♀
O30.113	Triplet pregnancy with two or more monochorionic fetuses, third trimester M ♀

 N Newborn: 0 P Pediatric: 0-17 M Maternity: 9-64 A Adult: 15-124 ♂ Male Only ♀ Female Only

82950

82950 Glucose; post glucose dose (includes glucose)

Explanation

This test may also be requested as glucose, postprandial (PP). This test is used to monitor disorders of carbohydrate metabolism. The patient consumes a high carbohydrate meal or an oral glucose solution. Blood glucose levels are checked two hours after the meal or glucose solution. A one-hour postprandial screen may be used to evaluate pregnant women for gestational diabetes mellitus. Method of testing varies.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
82950	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
82950	0.0	0.0	0.0	0.0

82951-82952

82951 Glucose; tolerance test (GTT), 3 specimens (includes glucose)

\+ **82952** tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)

Explanation

These tests may be requested as GTT, oral GTT, OGTT, intravenous GTT, or IVGTT. They monitor disorders of carbohydrate metabolism. These tests are normally performed using an oral dose of glucose, but may also be performed using intravenous glucose. A blood specimen is obtained prior to glucose administration and at intervals following glucose administration. Report 82951 for up to three specimens and 82952 for each additional specimen. Testing method varies.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
82951	0.0	0.0	0.0	0.0
82952	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
82951	0.0	0.0	0.0	0.0
82952	0.0	0.0	0.0	0.0

84112

84112 Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen

Explanation

This is a noninvasive test to evaluate possible rupture of membranes (ROM) in a pregnant patient. During pregnancy, large quantities of placental alpha microglobulin-1 (PAMG-1) are secreted into the amniotic fluid. If the fetal membranes are intact, a low background level of PAMG-1 is measured in cervicovaginal secretions. High levels may be indicative of ROM. A swab is inserted two to three inches into the vagina and is withdrawn after one minute. The swab tip is placed into a vial and rinsed with solvent. A test strip is then placed into the vial with the solvent. Depending on the size of the amniotic fluid leak, results may be visible within five to 10 minutes.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
84112	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
84112	0.0	0.0	0.0	0.0

84702

84702 Gonadotropin, chorionic (hCG); quantitative

Explanation

This test may be ordered as hCG or as a serum pregnancy test. The specimen is serum. Method may be radioimmunoassay (RIA), two-site immunoradiometric assay (IRMA), two-site enzyme-linked immunosorbent assay (ELISA), and radioreceptor assay (RRA). This test is quantitative and measures the amount of hCG present, a determinate of pregnancy and certain tumors.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
84702	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
84702	0.0	0.0	0.0	0.0

84703

84703 Gonadotropin, chorionic (hCG); qualitative

Explanation

This test is also known as a beta-subunit human chorionic gonadotropin. The specimen is serum or random urine sample. Methods may include radioimmunoassay (RIA), immunoradiometric (IRMA), and enzyme immunoassay. The test may be ordered to determine pregnancy, ectopic pregnancy, and hCG tumors, and as a screening prior to select medical care (e.g., sterilization).

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
84703	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
84703	0.0	0.0	0.0	0.0

84830

84830 Ovulation tests, by visual color comparison methods for human luteinizing hormone

Explanation

This test is used for the qualitative detection of the luteinizing hormone (LH) in urine. The specimen is urine. Method is rapid chromatographic immunoassay. LH is always present in the blood and urine, though its levels are higher in urine during ovulation. The LH surge and actual release of the egg is considered as the most fertile time of the cycle, and the most likely time for becoming pregnant.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
84830	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
84830	0.0	0.0	0.0	0.0

Destruction
Bladder, 51020
Condyloma
Anal, 46900-46922
Vagina, 57061-57065
Vulva, 56501-56515
Cyst
Abdomen, 49203-49205
Retroperitoneal, 49203-49205
Endometrial Ablation, 58356
Endometriomas
Abdomen, 49203-49205
Retroperitoneal, 49203-49205
Lesion
Anus, 46900-46917
Bladder, 51030
Nerve
Superior Hypogastric Plexus, 64681
Skin
Malignant, 17270-17276
Urethra, 53265
Vagina
Extensive, 57065
Simple, 57061
Vulva
Extensive, 56515
Simple, 56501
Nerve, 64681
Polyp
Urethra, 53260
Skene's Gland, 53270
Skin Lesion
Malignant, 17270-17276
Tumor
Abdomen, 49203-49205
Mesentery, 49203-49205
Peritoneum, 49203-49205
Retroperitoneal, 49203-49205
Urethra
Prolapse, 53275
Device
Contraceptive, Intrauterine
Insertion, 58300
Removal, 58301
Intrauterine
Insertion, 58300
Removal, 58301
Transperineal Periurethral Balloon, 0548T-0551T
Dialysis
Hepatitis B Vaccine, 90740, 90747
Peritoneal
Home Infusion, 99601-99602
Diaphragm Contraception, 57170
Diaphragm
Assessment, 58943, 58960
Vagina
Fitting, 57170
Differential Count
White Blood Cell Count, 85007, 85009
Dilation and Curettage
Cervical Stump, 57558
Cervix, 57520-57522, 57558
Corpus Uteri, 58120
Hysteroscopy, 58558
Induced Abortion, 59840
with Amniotic Injections, 59851
with Vaginal Suppositories, 59856
Postpartum, 59160
Dilation and Evacuation, 59841
with Amniotic Injections, 59851
with Vaginal Suppository, 59856
Dilation
Cervix
Canal, 57800
Stump, 57558
Curettage, 57558
Urethra
General, 53665
Suppository and/or Instillation, 53660-53661
Vagina, 57400
Discharge Services
Hospital, 99238-99239
Observation Care, 99217, 99234-99236
Dissection
for Debulking Malignancy, 58952-58954
Diverticulum
Repair
Excision, 53230
Marsupialization, 53240
Division
Intrauterine Septum, 58560
Doppler Echocardiography, 76827-76828
Doppler Scan
Arterial Studies
Fetal
Middle Cerebral Artery, 76821
Umbilical Artery, 76820
Double–J Stent
Cystourethroscopy, 52000
Drainage
Abdomen
Abdominal Fluid, 49082-49083
Paracentesis, 49082-49083
Peritoneal, 49020
Peritoneal Lavage, 49084
Peritonitis, Localized, 49020
Wall
Skin and Subcutaneous Tissue, 10060-10061
Complicated, 10061
Multiple, 10061
Simple, 10060
Single, 10060
Abscess
Abdomen
Peritoneal
Open, 49020
Peritonitis, localized, 49020
Skin and Subcutaneous Tissue
Complicated, 10061
Multiple, 10061
Simple, 10060
Single, 10060
Bartholin's Gland
Incision and Drainage, 56420
Hematoma
Vagina, 57022-57023
Ovary
Incision and Drainage
Abdominal Approach, 58822
Vaginal Approach, 58820
Paraurethral Gland
Incision and Drainage, 53060
Pelvic
Percutaneous, 49406
Transrectal, 49407
Transvaginal, 49407
Perineum
Incision and Drainage, 56405
Peritoneum
Open, 49020
Skene's Gland
Incision and Drainage, 53060
Skin
Incision and Drainage
Complicated, 10061
Multiple, 10061
Simple, 10060
Single, 10060
Puncture Aspiration, 10160
Vagina
Incision and Drainage, 57010
Vulva
Incision and Drainage, 56405
Amniotic Fluid
Diagnostic Aspiration, 59000
Therapeutic Aspiration, 59001
Cyst
Ovary, 58800-58805
Pilonidal, 10080-10081
Skene's Gland, 53060
Fetal Fluid, 59074
Fluid
Abdominal, 49082-49083
Amniotic Fluid, 59001
Fetal, 59074
Peritoneal
Percutaneous, 49406
Drainage — *continued*
Fluid — *continued*
Peritoneal — *continued*
Transrectal, 49407
Transvaginal, 49407
Retroperitoneal
Percutaneous, 49406
Transrectal, 49407
Transvaginal, 49407
Hematoma
Superficial, 10140
Vagina, 57022-57023
Peritonitis, 49020
Postoperative Wound Infection, 10180
Seroma, 10140
Skin, 10060-10180
Drug Delivery Implant
Insertion, 11981
Removal, 11982-11983
with Reinsertion, 11983
Drug
Administration For
Infusion
Home Services, 99601-99602
Intravenous, 96365-96368
Infusion, 96365-96368
Duplex Scan
Arterial Studies
Visceral, 93975-93976

E

Ear
Collection of Blood From, 36416
ECHO, 76825
Echocardiography
Fetal Heart, 76825-76828
Doppler
Complete, 76827
Follow–up or Repeat Study, 76828
Echography
Abdomen, 76700-76705
Pelvis, 76856-76857
Pregnant Uterus, 76801-76828
Transvaginal, 76817, 76830
Vagina, 76817, 76830
Ectopic Pregnancy
Abdominal, 59130
Cervix, 59140
Interstitial
Partial Resection Uterus, 59136
Total Hysterectomy, 59135
Laparoscopy, 59150
with Salpingectomy and/or Oophorectomy, 59151
Ovarian
with Salpingectomy and/or Oophorectomy, 59120
without Salpingectomy and/or Oophorectomy, 59121
Tubal
with Salpingectomy and/or Oophorectomy, 59120
without Salpingectomy and/or Oophorectomy, 59121
Uterine
with Hysterectomy, 59135
with Partial Uterine Resection, 59136
ED, 99281-99285
Electrocautery, 17270-17276
Electrodesiccation, 17270-17276
Electrosurgery
Skin Lesion, 17270-17276
Vaginal, 57061-57065
Vulva, 56501-56515
Embryo Transfer
In Vitro Fertilization, 58970-58976
Intrafallopian Transfer, 58976
Intrauterine Transfer, 58974
Preparation for Transfer, 89255
Embryo
Biopsy, 89290-89291
Cryopreservation, 89258
Culture
Extended Culture, 89272
Embryo — *continued*
Hatching
Assisted Microtechnique, 89253
Preparation for Transfer, 89255
Storage, 89342
Emergency Department Services, 99281-99285
Anesthesia
in Office, 99058
Emmet Operation, 57720
Endometrial Ablation, 58353-58356, 58563, 0404T
Curettage, 58356
Exploration via Hysteroscopy, 58563
Endometrioma
Abdomen
Destruction, 49203-49205
Excision, 49203-49205
Mesenteric
Destruction, 49203-49205
Excision, 49203-49205
Peritoneal
Destruction, 49203-49205
Excision, 49203-49205
Retroperitoneal
Destruction, 49203-49205
Excision, 49203-49205
Endometrium
Ablation, 58353-58356, 58563, 0404T
Biopsy, 58100-58110, 58558
Curettage, 58356
Endoscopy
Bladder
Diagnostic, 52000
Cervix
Biopsy, 57421, 57454-57455, 57460
Curettage, 57454, 57456
Exploration, 57452
Loop Electrode Biopsy, 57460
Loop Electrode Conization, 57461
Pelvis
Aspiration, 49322
Destruction of Lesions, 58662
Lysis of Adhesions, 58660
Oviduct Surgery, 58670-58671
Removal of Adnexal Structures, 58661
Urethra, 52000
Uterus
Hysteroscopy
Diagnostic, 58555
with Division
Resection Intrauterine Septum, 58560
with Lysis of Intrauterine Adhesions, 58559
Placement
Fallopian Tube, 58565
Removal
Endometrial, 58563
Impacted Foreign Body, 58562
Leiomyomata, 58561
Surgical with Biopsy, 58558
Vagina, 57421
Biopsy, 57421, 57454
Exploration, 57452
Vulva, 56820
With Biopsy, 56821
ENERGIX-B, 90744-90747
Enterocele
Repair
Abdominal Approach, 57270
Hysterectomy, 58263, 58270, 58280, 58292-58294
Vaginal Approach, 57268, 57556
with Colporrhaphy, 57265
Enterolysis
Laparoscopic, 44180
Enterovirus
Antigen Detection
Direct Fluorescence, 87270
EPIS, 59300
Episiotomy, 59300, 59610-59612
ER, 99281-99285
Established Patient
Critical Care, 99291-99292
Emergency Department Services, 99281-99285

● New ▲ Revised + Add On AMA: CPT Assist [Resequenced]