Coding for invasive fetal procedures

By Emily H. Hill, PA

As ultrasound technology has improved, opportunities for detecting fetal anomalies have increased. Four new codes describing invasive fetal procedures were added to CPT 2004, giving maternal-fetal medicine specialists a way to accurately report and track these services (Table 1). A new unlisted code also was added for invasive fetal procedures not described elsewhere in CPT. All of the codes include U/S guidance because it is a necessary component of the procedures. Let's look at Tess and her referral to Dr. d'Urberville.

TABLE 1: CPT codes for invasive fetal procedures

59070	Transabdominal amnioinfusion, including ultrasound guidance
59072	Fetal umbilical cord occlusion, including ultrasound guidance
59074	Fetal fluid drainage (e.g., vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59076	Fetal shunt placement, including ultrasound guidance
59897	Unlisted fetal invasive procedure, including ultrasound guidance

Tess's ultrasound

Tess, a 32-year-old G_1P_0 receiving routine obstetrical care, had a routine U/S performed by her ob/gyn, Dr. Hardy, at 19 weeks' gestation. The findings revealed decreased amniotic fluid and an enlarged fetal bladder. Dr. Hardy called Tess to discuss the findings and the need for an evaluation by a maternal-fetal medicine specialist. She then discussed the findings with Dr. d'Urberville, who agreed to see Tess. An appointment was scheduled for a consultation, detailed U/S, and possible bladder aspiration.

The appointment with Dr. d'Urberville

Dr. d'Urberville met with Tess and her husband, Alec, on February 3 to review the U/S findings and possible management options and discuss the need for further evaluation. During the hour-long visit, she answered Tess and Alec's many questions. Tess signed consents for a detailed fetal U/S, bladder tap, and possible amnioinfusion.

The detailed fetal U/S performed by Dr. d'Urberville included a general survey of intracranial, spinal, and abdominal anatomy, heart chambers, umbilical cord insertion site, and placenta and amniotic fluid assessments. Maternal adnexal structures were not clearly visible. In addition to the general survey, Dr. d'Urberville performed a detailed anatomic survey of the fetus. This included a detailed evaluation of the fetal brain and ventricles, heart outflow tracts, kidneys, architecture of limbs, umbilical cord, and placenta. A possible bladder outlet obstruction was diagnosed.

Under U/S guidance, the fetal bladder was aspirated using a 22-g needle. A urine specimen was sent for analysis of urinary electrolytes and chromosomes and to determine renal function. After the aspiration, Tess was monitored and imaging was repeated to check for refilling of the bladder.

Tess was given instructions, including an appointment for a repeat U/S in 2 days. Dr. d'Urberville called Dr. Hardy to discuss the preliminary findings and inform her that a written report would be sent once all test results had been returned.

Dr. d'Urberville's other services

Tess returned as scheduled on February 5. Because her U/S showed reaccumulation of urine in the fetal bladder, a repeat bladder aspiration was performed under continuous U/S guidance. A second bladder tap was planned to again evaluate electrolytes.

Tess and Alec returned on February 12 for the repeat bladder aspiration and a discussion of all test findings and recommendations for further management. During that visit, Dr. d'Urberville spent 30 minutes explaining the test results, which revealed a normal male karyotype and minimally abnormal urinary electrolytes. She suggested placement of a shunt in the fetal bladder and explained the risks and benefits in detail. Tess and Alec agreed and the procedure was scheduled for a week later.

Placement of the shunt

On the day of the procedure, Dr. d'Urberville again explained the procedure, including all of the risks and benefits. She discussed contingency plans in the event of fetal distress and explained that it was likely that an amnioinfusion would be necessary to improve visualization. Finally, she answered Tess and Alec's questions and obtained Tess's informed consent.

Before the start of the procedure, Dr. d'Urberville reviewed all previous U/S and performed a grey-scale U/S to assess maternal and fetal anatomy. Because of the low amniotic fluid volume, U/S-guided infusion of sterile saline was necessary to ensure adequate visualization of the fetal anatomy.

Under U/S guidance, Dr. d'Urberville placed a double pig-tailed catheter percutaneously under continuous U/S guidance. The tip of the trocar was retracted and the distal portion of the catheter was advanced into the fetal bladder while the proximal portion remained in the amniotic cavity. Scanning was continued to confirm placement. Tess and the fetus were monitored to ensure viability and to exclude ongoing bleeding. Dr. d'Urberville then reviewed the operative procedure and postprocedure instructions with Tess and Alec, called Dr. Hardy, and arranged for a follow-up U/S the following week.

Follow-up care

On February 25, Tess returned to Dr. d'Urberville's office for a follow-up U/S. The sonographer completed the test and Dr. d'Urberville reviewed the film and documented the findings. She called Tess to inform her that all was well and instructed her to follow up with Dr. Hardy for her routine obstetrical care.

How would you have coded this case? Read below for the report of services and an explanation of the codes.

Understanding the codes

Initial obstetrical U/S. Dr. Hardy reported CPT code 76805 to describe the initial screening U/S (Figure 1). This code is specific for transabdominal U/S performed after the first trimester and includes a fetal and maternal evaluation appropriate for the gestational age.

Figure 1. Screening ultrasound **Dr. Hardy**

21. DIAGNOSES OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. V28.8 Other specified antenatal screening 2. 658.03 Oligohydramnios, antepartum condition 3. 655.83 Other known or suspected fetal abnormality 4.										22. MEDICAID RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER	
24. A						B	C	D		E	F	G
DATE(S) OF SERVICE						Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		DIAGNOSIS CODE	RVUs	DAYS OR UNITS
From MM	DD	YY	To MM	DD	YY			CPT-4/HCPCS	MODIFIER			
						11		76805		1, 2, 3		1

Dr. Hardy chose an ICD-9 code appropriate for a screening U/S (V28.8) as her initial ICD-9 code since it is the reason the U/S was performed. She also elected to report ICD-9 codes describing the abnormal findings. Since there is no ICD-9 code specific to the enlarged bladder, code 655.83 was reported to indicate that a fetal abnormality was found. The oligohydramnios was indicated by a code specific for that condition. Since these conditions were noted in the antepartum period, the 5th digit 3 was used.

Initial encounter with Dr. d'Urberville. Dr. d'Urberville reported an Evaluation and Management (E/M) code from the section on Office or Other Outpatient Consultations (Figure 2). A consultation is a type of service in which the physician is being asked for his or her opinion or advice on the evaluation or management of a specific problem. According to CPT rules, a consultant can initiate diagnostic or therapeutic services at the same or at a subsequent encounter. The additional services are reported separately. The consultant's opinion and findings must be communicated to the requesting physician in writing. A modifier –25 was appended to the consultation code to indicate that a significant and separately identifiable E/M service was performed the same day as the bladder tap and detailed U/S.

Figure 2. Initial visit – February 3 **Dr. d'Uberville**

21. DIAGNOSES OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 658.03 Oligohydramnios, antepartum condition 2. 655.83 Other known or suspected fetal abnormality 3. 4.										22. MEDICAID RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER	
24. A						B	C	D		E	F	G
DATE(S) OF SERVICE						Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		DIAGNOSIS CODE	RVUs	DAYS OR UNITS
From MM	DD	YY	To MM	DD	YY			CPT-4/HCPCS	MODIFIER			
						11		99244	- 25	1, 2		1
						11		76811		1, 2		1
						11		59074		2		1

Dr. d'Urberville also reported CPT codes 76811 and 59074. CPT code 59074 describes fetal fluid drainage, which could be a procedure such as a thoracentesis or paracentesis, but in this case was a vesicocentesis. The code includes the U/S guidance necessary to accomplish the procedure but not an U/S performed to evaluate the fetal or maternal anatomy. Since a detailed fetal evaluation was also performed, Dr. d'Urberville reported code 76811. That code includes all the elements of code 76805 (see Figure 1) plus a detailed fetal anatomic evaluation. The specific components for this and other obstetric U/S codes are outlined in the introduction to the obstetrical U/S codes in CPT.

ICD-9 codes 658.03 and 655.83 were both reported to support the need for the consultation and the U/S. The code describing the oligohydramnios (658.03) was not associated on the claim form with the fluid reduction procedure, since that is not a reason to perform that service.

February 5 encounter. CPT code 59074 was the only service reported for this encounter because Dr. d'Urberville took a quick look at the U/S and determined the need for another bladder tap (Figure 3). A follow-up U/S also might have been reported if, for example, she had evaluated a co-existing hydronephrosis or performed a more detailed evaluation.

Figure 3. Additional services – February 5 **Dr. d'Uberville**

21. DIAGNOSES OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 655.83 Other known or suspected fetal abnormality 2. 3. 4.												22. MEDICAID RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER	
24. A						B	C	D		E	F	G	
DATE(S) OF SERVICE						Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		DIAGNOSIS CODE	RVUs	DAYS OR UNITS	
From MM	DD	YY	To MM	DD	YY			CPT-4/HCPCS	MODIFIER				
						11		59074		1		1	

February 12 encounter. Dr. d'Urberville again reported a bladder tap and also an established patient E/M service for the 30 minutes she spent counseling Tess and Alec (Figure 4). Time can be the determining factor in selecting the level of service if more than 50% of the total encounter involved counseling and/or coordination-of-care activities. Dr. d'Urberville chose CPT code 99214 because it has a typical face-to-face time of 25 minutes as part of its CPT descriptor.

Figure 4. Additional services – February 12 **Dr. d'Uberville**

21. DIAGNOSES OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 655.83 Other known or suspected fetal abnormality 2. 658.03 Oligohydramnios, antepartum condition 3. 4.												22. MEDICAID RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER	
24. A						B	C	D		E	F	G	
DATE(S) OF SERVICE						Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		DIAGNOSIS CODE	RVUs	DAYS OR UNITS	
From MM	DD	YY	To MM	DD	YY			CPT-4/HCPCS	MODIFIER				
						11		59074		1		1	
						11		99214	- 25	1, 2		1	

February 19 services. Two distinct procedures were performed at this encounter, both of which included U/S guidance, so no additional radiologic services were reported (Figure 5). Fetal shunt placement was listed first on the claim form because it has the highest number of Relative Value Units (RVUs) (see column F on the mock claim form in Figure 5). RVUs reflect the physician work and the relative costs of providing a service. The amnioinfusion was reported next with the –51 modifier, indicating that multiple procedures were performed on the same day by the same physician. Payers typically reimburse 100% of the allowable amount for the first code and 50% of the allowable amount for subsequent procedures. Dr. d'Urberville was careful to identify the specific ICD-9 code for each procedure by noting the primary diagnosis for each service in Column E of the claim form.

Figure 5. Additional services – February 19 **Dr. d'Uberville**

21. DIAGNOSES OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 655.83 Other known or suspected fetal abnormality 2. 658.03 Oligohydramnios, antepartum condition 3. 4.											22. MEDICAID RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER	
24. A						B	C	D		E	F	G
DATE(S) OF SERVICE						Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		DIAGNOSIS CODE	RVUs	DAYS OR UNITS
From MM	DD	YY	To MM	DD	YY			CPT-4/HCPCS	MODIFIER			
						22		59076		1	12.80	1
						22		59070	- 51	2, 1	7.93	1

February 25 ultrasound. Finally, Dr. d'Urberville reported a follow-up U/S (Figure 6). CPT code 76816 is reported when an U/S is done to reevaluate organ systems suspected or confirmed to be abnormal on a previous scan. It is also reported for an U/S used to reassess fetal size using standard growth measurements or amniotic fluid volume.

Table 6. Additional services – February 25 **Dr. d'Uberville**

21. DIAGNOSES OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 655.83 Other known or suspected fetal abnormality 2. 658.03 Oligohydramnios, antepartum condition 3. 4.											22. MEDICAID RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER	
24. A						B	C	D		E	F	G
DATE(S) OF SERVICE						Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		DIAGNOSIS CODE	RVUs	DAYS OR UNITS
From MM	DD	YY	To MM	DD	YY			CPT-4/HCPCS	MODIFIER			
						11		76816		1, 2		1

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