# 2023 Obstetrics Coding Guide

## Coverage

Coverage, coding and payment for medical procedures and devices can be confusing. If you have any questions, please contact our reimbursement team at 833.585.2688 or by email at reimbursement@cookmedical.com

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (www.cms.hhs.gov/mcd/search.asp) and contact their carriers' medical directors (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

## Fetal Access and Genetics Diagnosis

Cook Medical manufactures medical devices that may be used in different maternal and fetal diagnostic and therapeutic procedures. The table below identifies a number of Cook Medical devices and the procedures in which they are intended to be used. Without a patient's actual medical record, it is impossible to know exactly how a given device was used or exactly what procedure was performed and, consequently, how the procedure should be coded. This table is not intended to suggest how any given procedure using one of these Cook Medical devices should be coded for billing purposes.

### Outpatient Hospital and Physician

Outpatient hospitals and physicians use CPT codes to describe procedures or services performed. The following are examples of procedure codes that may be pertinent for a given encounter.

| CPT® Code | Description | EchoTip Disposable Amniocentesis Needle | Harrison Fetal Bladder Stent Set | Chronic Villus Sampling |
|---|---|---|---|---|
| 59000 | Amniocentesis; diagnostic (For radiological supervision and interpretation, use 76946) | X | | |
| 59001 | Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance) | X | | |
| 59015 | Chronic villus sampling, any method (For radiological supervision and interpretation, use 76945) | | | X |
| 59076 | Fetal shunt placement, including ultrasound guidance | | X | |

# Cook® Cervical Ripening Balloon with Stylet

The Cook® Cervical Ripening Balloon is indicated for the mechanical dilation of the cervical canal prior to labor induction at term when the cervix is unfavorable for induction. The following coding is applicable.

| CPT® | Description | C-code |
|---|---|---|
| **59200** | Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure) | C1726 |

- If this service is performed one day or more prior to delivery, it can be reported separately. Use modifier -59 [1].
- If this service is performed on the same day as a delivery, it is considered part of the global obstetric package and is not reported separately.[1]

Local payers' global obstetric package rules may vary from hose noted above. We encourage physicians to review the rules with their local payers prior to reporting obstetric procedures.

# Bakri® Postpartum Balloon

The Bakri® Postpartum Balloon is a device for the temporary control or reduction of postpartum hemorrhage when conservative management of uterine bleeding is warranted. The following is a brief summary of CPT® procedural coding issues related to the use of this device.

CPT® coding convention requires that you "select the name of the procedure or service that accurately identifies the service performed. Do not select a CPT® code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code."[1]

According to the appropriate coding authorities, "**59899** – unlisted procedure, maternity care and delivery" should be reported for placement of this device. If curettage is performed to control postpartum uterine bleeding, then CPT code "59160 – curettage, postpartum" should be reported along with 59899 for placement of the tamponade balloon.

Submission of claims with unlisted codes typically requires: (a) a paper claim; (b) a procedural note attached to the claim; and (c) a cover letter to the health plan/payer that contains the following information: 1) identification of comparable procedure(s) to assist the insurer in establishing a payment level; and 2) an explanation of the procedure, the patient selection, the medical necessity and clinical benefits.

Many payers consider placement of the Bakri Postpartum Balloon to be included in the postpartum package, and therefore not reported separately from your usual obstetrical coding (Maternity Care and Delivery subsection 59000-59899). We encourage you to contact your local payers on this coding issue.



1 American College of Obstetricians and Gynecologists. *OB/GYN Coding Manual: Components of Correct Procedural Coding 2011. Chicago, IL: AMA Press; 2011*

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