
Coding Corner

By: Michael Ferragamo, MD, FACS

Coding of Laparoscopic and Robotics Procedures

As increasing numbers of FPMRS surgeons receive training in laparoscopic and robotic techniques, these procedures will take on a prominent and increased role in the care of many surgical conditions within these particular specialties.

When coding for laparoscopic or robotic procedures, code the standard laparoscopic CPT code, example 58552 for a laparoscopic or robotic vaginal hysterectomy, for uterus 250 g. or less with removal of tube(s) and ovary(s) or as another example 58571 laparoscopic or robotic total hysterectomy for uterus 250 g. or less with removal of tube(s) and ovary(s). If a laparoscopic CPT code is unavailable for the particular procedure performed, use the unlisted laparoscopic CPT code for that particular organ, example 58578, unlisted laparoscopic procedure for the uterus and another example 58679, unlisted laparoscopic procedure oviduct and/or ovary.

Remember laparoscopic surgical codes have a 90-day global for both Medicare and commercial insurance carriers. Bundled services, for which one should not separately charge when billing primary laparoscopic/robotic procedures, include CPT code 49320, diagnostic laparoscopy, and 44180 laparoscopic lysis of adhesions. When adhesions are extensive, and their treatment prolongs the primary operative procedure, add modifier 22 to the operative CPT code to indicate the increased operative time required to complete the primary procedure. With laparoscopic procedures one may also use the following modifiers including modifier -50 for bilateral procedures, modifiers -80 and -82 for surgical assistants, and modifier -62 for co-surgeons.

Although we do not have robotic CPT codes, do not append modifier-22 to a laparoscopic CPT code to indicate a robotic procedure. Do not bill an open CPT procedure code for a laparoscopic or robotic procedure which does not have a CPT code unless instructed by written communication (letter) from an insurance carrier to do so. Also, remember HCPCS code S2900, use of robotic technology, is no longer a viable payable code to be used to identify a procedure performed with robotic technology.

Special Laparoscopic Surgery

57423 - paravaginal defect repair, including repair of cystocele, laparoscopic approach,

57425 - laparoscopic, surgical, colpopexy; laparoscopic suspension of vaginal apex with or without the use of mesh.

This CPT code would also include the laparoscopic repair of an accompanying enterocele. Also one may bill this code for a laparoscopic or robotic uterosacral colpopexy.

57426 - revision (including removal) of prosthetic vaginal graft, laparoscopic approach.

Laparoscopic hysterectomy codes includes:

58550 to 58554 for a vaginal hysterectomy

58548 for a radical hysterectomy

58541 to 58546 for a supra-cervical hysterectomy

58570 to 58573 for a total hysterectomy

Use of unlisted laparoscopic codes:

Example: The procedure performed is a laparoscopic, robotic, closure of a vesicovaginal fistula, ICD-10 N82.0. As there is no specific CPT code for a closure of a VVF via a laparoscopic approach, code 51999, unlisted laparoscopic procedure, bladder, for the laparoscopic or robotic closure, and benchmark in your documentation the similar open code 51900, abdominal closure of a VVF. Remember it will be necessary to supply the insurance carrier with a detailed operative report and a covering letter as to what was performed and why. The latter documentation should contain the benchmarked open procedure chosen as illustrative of the work performed and the reasons for performing a laparoscopic procedure including a magnified and clearer view of the operative field and less blood loss.

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