

# REIMBURSEMENT

## ADVISER

### Co-surgery: Both surgeons bill, with modifier

**Q.** I was called in to provide intraoperative consultation for a neighboring general surgeon. He had performed an exploratory laparotomy, and the only finding was a pedunculated fibroid. I performed a myomectomy, assisted by the general surgeon. He had begun the procedure with his physician assistant and finished assisted by the PA after I finished my part. What is the best way to code for this situation?

**A.** Under CPT guidelines that were clarified in the American Medical Association's May 1997 "CPT Assistant," this is a co-surgery case because (1) establishing the operative site and exploration are integral to the procedure and (2) you both performed a distinct part of the procedure. You and the general surgeon would use the same surgical code with a modifier -62 [*Two surgeons*]. Your code choice for this procedure would be 58140 [*Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; abdominal approach*].

The general surgeon should also bill for the surgical assistant services of the PA by adding a modifier AS [*Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at*

*surgery*] to this same surgical code. Some payers might deny an assistant in a co-surgery case, but the documentation in this situation would support the need because the PA assisted only when you were not present.

### Delay doesn't change coding for surgical tx of incomplete abortion

**Q.** I recently performed a suction D&C for an incomplete voluntary abortion done 2 months ago that was hemorrhaging and had retained products of conception. Our billing department coded this as 59840, but the payer rejected the claim, stating that they already paid the hospital for 59812, which I thought was reported only for a spontaneous abortion. Should we refile?

**A.** Yes. At this point, you are removing retained products of conception no matter what the patient intended 2 months ago. This means that you are performing a surgical treatment of an incomplete abortion, coded 59812. Code 59840 implies that you are the one inducing the abortion at this surgical session—not the case.

The diagnosis for bleeding after an abortion performed at a previous surgery is 639.1. ■

**Melanie Witt, RN, CPC-OGS, MA**  
Independent coding and documentation consultant; former program manager, Department of Coding and Nomenclature, American College of Obstetricians and Gynecologists

### FAST TRACK

**Key to being reimbursed for co-surgery is to show that each surgeon performed a distinct part of the procedure**