

Obstetrics - Fetal Access and Genetic Diagnosis

2014 CODING AND REIMBURSEMENT GUIDE

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	Aspiration Handle	EchoTip Disposable Amniocentesis Needle	EchoTip Coaxial Needle Biopsy Set	EchoTip Disposable Trocar Needle	EchoTip Disposable Mennuti Sampling Needles	Harrison Fetal Bladder Stent Set
59000	Amniocentesis; diagnostic (For radiological supervision and interpretation, use 76946)	X	X	X	X	X	
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	X	X	X	X	X	
59070	Transabdominal amnioinfusion, including ultrasound guidance			X	X	X	
59074	Fetal fluid drainage (e.g., vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance				X	X	
59076	Fetal shunt placement, including ultrasound guidance						X

Current Procedural Terminology © 2013 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Inpatient Hospital

Hospitals use ICD-9 procedure codes to describe procedures performed during hospital admissions. The following are examples of procedure codes that may be pertinent for a given encounter.

ICD-9 Code	Description	Aspiration Handle	EchoTip Disposable Amniocentesis Needle	EchoTip Coaxial Needle Biopsy Set	EchoTip Disposable Trocar Needle	EchoTip Disposable Mennuti Sampling Needles	Harrison Fetal Bladder Stent Set
75.1	Diagnostic amniocentesis	X	X	X	X	X	
75.36*	Correction of fetal defect						X
75.37	Amnioinfusion		X	X	X	X	

*According to the ICD-9-CM Official Guidelines for Coding and Reporting, a code from category **655, Known or suspected fetal abnormality affecting management of the mother**, should be assigned identifying the fetal condition.



If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at reimbursement@cookmedical.com.

Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT, ICD-9 and MS-DRG coding systems; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, AHA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.