Society for Maternal•Fetal Medicine

Coding Tip – September, 2014

Amniocentesis for Twin Gestation

When performing diagnostic amniocentesis on a twin gestation with two amniotic sacs (two separate taps), you would report the procedures as follows:

- 59000 Amniocentesis, Twin A
- 76946 (or 76946-26) Amnio Guidance, Twin A
- 59000-59 Amniocentesis, Twin B
- 76946-26-59 (or 76946-26-59) Amnio Guidance, Twin B

It is important to add modifier 59 to the second amniocentesis and guidance procedure, in order to communicate to the payer that it is a distinct service from the first amnio. In this case, the physician should be reimbursed the full contracted rate for each procedure billed.

In cases where an amnio is unsuccessful (e.g., inability to obtain adequate fluid), the procedure should not be reported with a modifier that reduces reimbursement, as the entire service was attempted. This scenario is similar to the external cephalic version--if unsuccessful, the version is still reported. The physician must clearly document that the procedure was unsuccessful.

It is recommended that the multiple gestation ICD code be sequenced as the primary diagnosis code. Additionally, we strongly suggest that you also contact your payer for their preferred method of billing for multiples.