

## SMFM Coding Committee White Paper: Fetal Laser and Surgery

### CODING FOR FETAL LASER TREATMENT

Twin to twin transfusion syndrome (TTTS) is one of the most challenging clinical problems in monochorionic multifetal gestations with mortality rates as high as 80% if left untreated. Fetoscopic laser photocoagulation is described as the preferred method of treatment for select or severe cases of TTTS. The procedure stops the transfer of blood between fetuses, often halting the progression of the syndrome. Thorough evaluation, which includes obstetrical ultrasound and fetal echocardiography are often conducted and staged according to Quintero staging system. This will help determine if surgery will be appropriate before deciding if fetoscopic laser photocoagulation is an appropriate option. Generally, the procedure is performed between 16 and 26 weeks of gestation when no other significant fetal abnormalities are present, and when the pregnant mother is healthy and has a normal cervical length.

Billing for this service has been challenging because a specific CPT® code is not available for the procedure prompting the use of the unlisted procedure codes, many of which being unrecognized by many payers. The unlisted code **59897 Unlisted fetal invasive procedure, including ultrasound guidance, when performed** is often used and continues to be recognized by certain payers. The disadvantage of reporting unlisted codes include the need to drop the claim to paper and attaching the operative report, getting the paperwork to the payer in a limited time frame, with the risk of claim loss and reimbursement delays. However, some payers continue to recognize the unlisted code but do not recognize S2411.

If the payer recognizes **S2411 Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome**, it should be utilized since it has become the better option to report this service. The detailed description of S2411 reflects the fetal laser procedure in its entirety. Therefore, the code often has a fee schedule assignment, and will not require dropping the claim to paper with its associated delays.

As always, please check with your local payers for their preferred method of reporting this service.

#### REFERENCES

- Quintero RA, Morales WJ, Allen MH, Bornick PW, Johnson PK, Kruger M: Staging of twin-twin transfusion syndrome. *J Perinatol* 1999;19:550-555.
- Senat MV, Deprest J, Boulvain M, Paupe A, Winer N, Ville Y: Endoscopic laser surgery versus serial amnioreduction for severe twin-to-twin transfusion syndrome. *N Engl J Med* 2004;351:136-144.

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## CODING FOR FETAL SURGERY

If the fetal surgery is done in conjunction with an EXIT procedure, the associated procedures are billed in conjunction with the billing for the Cesarean Section. Because the Cesarean section is more complicated than the typical Cesarean section, modifier -22 is often attached to reflect the increased level of complexity. We suggest billing the fetal surgery procedures as delineated in the table below.

EXIT PROCEDURE	
<b>EXIT Procedure (C-Section)</b>	<b>5951X -22</b>
Insertion Emergency Airway	59897
Diagnostic Bronchoscopy	59897
Retrograde Intubation	59897 -22
Airway Surgical Procedure	59897 -22
Insertion of Umbilical Artery Catheter	59897
Insertion of Umbilical Venous Catheter	59897
Cannulate for ECMO	59897

OPEN FETAL SURGERY	
Fetal Resection of Neck Tumor	S2409/59897
Fetal Resection of Lung Tumor	S2402 or S2403/59897
Fetal Resection of Mediastinal Tumor	S2409/59897
Fetal Resection of Sacrococcygeal Tumor	S2405/59897
Fetal Repair of Myelomeningocele	S2404/59897
Ventriculoperitoneal Shunt	59076
Vesicotomy	S2401/59897
Fetal Cardiac Pacemaker Placement	59897

FETOSCOPIC SURGERY	
Select Fetoscopic Laser Photocoagulation	S2411/59897
Fetoscopic Cord Occlusion	59072
Fetoscopic Release of Amniotic Bands	59897
Diagnostic Fetoscopy	59897
Fetoscopic Tracheal Balloon Occlusion	S2400/59897

ULTRASOUND GUIDED FETAL PROCEDURES	
RFA of Trap Sequence	59072
Removal of Balloon Tracheal Occlusion	S2400/59897
Skin Biopsy	59897
Muscle Biopsy	59897
Thoraco-amniotic Shunt	59076
Vesico-amniotic Shunt	59076
Fetal Balloon Valvuloplasty	S2409/59897