



Ob-Gyn Coding Alert

Reader Question: Decide Whether 58661 is Unilateral or Bilateral

Question: Our ob-gyn performed 58661 bilaterally. This is a unilateral procedure code. Our office tried billing with modifier 50 (Bilateral procedure). The payer either pays but not more than a unilateral procedure, OR it doesn't pay stating it is an inappropriate modifier. We also tried billing 58661 twice and added modifier 51 (Multiple procedure) to the second code but the second code gets denied as inclusive. What should we do?

California Subscriber

Answer: Medicare considers 58661 (Laparoscopy, surgical; with removal of adnexal structures [partial or total oophorectomy and/or salpingectomy]) to be a unilateral code, but CPT®, in the same year this decision was made, came out with a CPT® Assistant article that stated 58661 is bilateral.

Prior to 2002, CPT® was saying it was unilateral and Medicare was saying it was bilateral. So it will depend on which ruling your payer is using. Check with their guidelines.

Using a modifier 51 will not get your claim paid, since it is the same procedure code you are using so it is not considered a multiple procedure. Make sure you are following the format requested by the payer for use of modifier 50, and also check with their policy on this issue as well. Alternatively, if the payer is reimbursing 58661 at their stated fee allowance when you bill it using modifier 50, it may be an indication that they consider the code to be bilateral and the fee allowance is based on that assumption.
