

# Bakri Postpartum Balloon

## 2016 CODING AND REIMBURSEMENT GUIDE

The Bakri Postpartum Balloon is a device for the temporary control or reduction of postpartum hemorrhage when conservative management of uterine bleeding is warranted. The following is a brief summary of CPT® procedural coding issues related to the use of this device. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at reimbursement@cookmedical.com.

### Physician Procedural Coding

Questions have arisen regarding the correct CPT code to use when the Bakri Postpartum Balloon is used to treat postpartum hemorrhage. CPT coding convention requires that you “select the name of the procedure or service that accurately identifies the service performed. Do not select a CPT code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code.”<sup>1</sup>

According to the appropriate coding authorities, “59899 - unlisted procedure, maternity care and delivery” should be reported for placement of this device. If curettage is performed to control postpartum uterine bleeding, then CPT code “59160 - curettage, postpartum” should be reported along with 59899 for placement of the tamponade balloon.

Submission of claims with unlisted codes typically requires: (a) a paper claim; (b) a procedural note attached to the claim; and (c) a cover letter to the health plan/payer that contains the following information: 1) identification of comparable procedure(s) to assist the insurer in establishing a payment level; and 2) an explanation of the procedure, the patient selection, the medical necessity and clinical benefits.

The possibility exists that some payers would consider placement of the Bakri Postpartum Balloon to be included in the postpartum package, and therefore not reported separately from your usual obstetrical coding (see “Obstetrical Procedural Coding” below). Therefore, we encourage you to contact your local payers on this coding issue.

<sup>1</sup>American Medical Association. Instructions for use of the CPT codebook. In: *CPT 2016 Professional Edition*. Chicago, IL: American Medical Association; 2015:xii.  
Current Procedural Terminology © 2015 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.



*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 coding system; 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, 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.*

## Obstetrical Procedural Coding

| Code  | Description   |
|-------|---|
| 59400 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care                                   |
| 59409 | Vaginal delivery only (with or without episiotomy and/or forceps);  |
| 59410 | Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care  |
| 59510 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care  |
| 59514 | Cesarean delivery only;   |
| 59515 | Cesarean delivery only; including postpartum care   |
| 59610 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery |
| 59612 | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);  |
| 59614 | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care  |
| 59618 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery       |
| 59620 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;  |
| 59622 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care  |

Current Procedural Terminology © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



*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 coding system; 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, 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.*