

2010 Sling Reimbursement OVERVIEW PAGE

Medicare MD, Outpatient, and ASC Payment Changes

Overall payments for sling operation (57288) for stress incontinence and payments for removal or revision (57287) of sling for stress incontinence increased for 2010, although the MD allowance for sling only saw a minimal increase:

- (57288) MD Allowance for sling procedure increased by \$7
- (57288) Hospital outpatient payment for sling operation increased by \$145
- (57288) ASC rate for sling operation increased by \$291

- (57287) MD Allowance for removal or revision of sling increased by \$13
- (57287) Hospital outpatient payment for removal or revision of sling increased by \$151
- (57287) ASC rate for removal or revision of sling increased by \$53

The following MS-DRG Assignment codes have also had payment changes

Overall payments for MS-DRG codes increased with the exception of #663 Minor Bladder Procedures with complication or comorbidity, which had a moderate decrease:

- (662) Minor bladder procedures with major complications or comorbidity (MCC) increased by \$638
- (663) Minor bladder procedures with complication or comorbidity (CC) decreased by \$260
- (664) Minor bladder procedures without CC/MCC increased by \$253
- (748) Female Reproductive System Reconstructive Procedures increased by \$434

Please refer to the following page for CPT codes, descriptions and payments.

2010 Sling General Reimbursement Information

Reimbursement is for all sling procedures using the Suprapubic, Transvaginal and Transobturator surgical techniques.

Medicare Outpatient & ASC Payments

- Some carriers are reimbursing for a sling implant using L8699 prosthetic implant code.

CPT Code	Code Description	2010 Hospital Outpatient Payment	2010 ASC Rate	2010 Medicare MD Allowance
57288	Sling operation for stress incontinence	\$3,033	\$1,523	\$711
57287	Removal or revision of sling for stress incontinence	\$2,377	\$1,413	\$681

Medicare C Codes for Hospital Outpatient Claims:

These codes should be added to the hospital's chargemaster to report device costs. No additional reimbursement will be given to the facility. These C codes are used to gather information on the cost of devices for future APC rate setting.

- C1762 – Connective tissue, human (includes fascia lata)
- C1763 – Connective tissue, non-human (includes synthetic)
- C1771 – Repair device, urinary, incontinence, with sling graft
- C2631 – Repair device, urinary, incontinence, without sling graft

Medicare Hospital Inpatient Payment

ICD-9 Billing Codes

As of October 1, 2007, the Center for Medicare and Medicaid Services (CMS) is replacing the Diagnosis Related Groups (DRG) System with the Medicare Severity DRG (MS-DRG) classification system to recognize the severity of illness among patients. The new system, which will be phased in over a two year period, expands the current list of 538 DRG's to a new list of 745 "severity-adjusted" DRG's.

ICD-9-CM Most Common Diagnosis Codes for Sling Procedures	ICD-9-CM Procedure Code
599.81 – Urethral Hypermobility	59.4 – Suprapubic sling operation
599.82 – Intrinsic Sphincter Deficiency (ISD)	59.71 – Levator muscle operation for urethrovesical suspension
625.6 – Stress Urinary Incontinence (SUI)	59.79 – Other repair of stress urinary incontinence

Possible MS-DRG Assignment

MS-DRG Code	Description	Payment
662	Minor bladder procedures with major complication or comorbidity (MCC)	\$15,690
663	Minor bladder procedures with complication or comorbidity (CC)	\$7,752
664	Minor bladder procedures without CC/MCC	\$5,762
748	Female Reproductive System Reconstructive Procedures	\$4,966

Payment for device included in global MS-DRG payment. When complications or comorbidities are present as a secondary diagnosis, it can affect MS-DRG assignment. Some of the most common include congestive heart failure, cardiomyopathy, decubitus ulcer, malnutrition, and urinary tract infection.

HCPCS Code

- L8699 – Prosthetic implant, not otherwise specified

Important – Please Note: Reimbursement information provided by Caldera Medical, Inc. (Caldera) is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice, and Caldera Medical makes no representation or warranty regarding this information or its completeness, accuracy or timeliness. Laws, regulations and payer policies concerning reimbursement are complex and change frequently, and service providers are responsible for all decisions relating to coding and reimbursement submissions. Accordingly, Caldera Medical strongly recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage and reimbursement matters.