

2010 Pelvic Floor Reconstruction Reimbursement Information OVERVIEW PAGE

Medicare MD, Outpatient, and ASC Payment Changes

Overall payments for pelvic floor reconstruction and payments for paravaginal defect repair had only slight changes for 2010

- 57288 MD Allowance for slings procedure increased by \$7 (\$711)
- 57284 MD Allowance for paravaginal defect repair increased by \$14 (\$813)

MD Allowance payments for the following CPT Codes changed as follows for 2010:

<u>Code</u>	<u>Description</u>	<u>MD Increase</u>	<u>MD Decrease</u>
- (45560)	Repair of Rectocele	\$ 19	
- (51845)	Abdominal-vaginal vesical neck suspension	\$ 3	
- (53500)	Urethrolisis, transvaginal, secondary, open including cystocele	\$ 7	
- (57230)	Plastic repair of urethrocele	\$ 14	
- (57240)	Anterior colporrhaphy, repair of Cystocele	\$ 31	
- (57250)	Posterior colporrhaphy, repair of Rectocele	\$ 41	
- (57260)	Combined anteroposterior colporrhaphy	\$ 45	
- (57265)	Combined anteroposterior colporrhaphy; w/enterocele repair	\$ 36	
- (57267)	Insertion of mesh or other prosthesis for repair of pelvic floor defect		\$3
- (57268)	Repair of enterocele, vaginal approach (separate procedure)	\$ 13	
- (57280)	Colpopexy, abdominal approach	\$ 21	
- (57282)	Colpopexy, vaginal; extra-peritoneal approach	\$ 5	
- (57283)	Colpopexy, vaginal; intra-peritoneal approach	\$ 25	
- (57289)	Pereyra procedure, including anterior colporrhaphy		\$ 7
- (57425)	Laparoscopy, surgical, colpopexy	\$ 22	

2010 Summary of Most Commonly Billed Codes & Allowances: MD, Outpatient, ASC

CPT Code	Code Description	2010 Average Payment		
		MD	Hospital Outpatient	ASC
45560	Repair of rectocele	\$671	\$2,169	\$1,074*
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	\$655	\$2,377	\$1,231*
57250	Posterior colporrhaphy, repair of rectocele w/w-o perineorrhaphy	\$651	\$2,377	\$1,231*
57260	Combined anteroposterior colporrhaphy	\$807	\$2,377	\$1,231*
57265	Combined anteroposterior colporrhaphy; with enterocele repair	\$891	\$3,033	\$1,590*
57267**	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site	\$258	\$2,377	\$1,298*
57268	Repair of enterocele, vaginal approach (separate procedure)	\$469	\$2,377	\$1,182*
57280	Colpopexy, abdominal approach	\$943	Inpatient	NA
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, illococcygeus)	\$491	\$3,033	NA
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	\$677	\$3,033	NA
57284	Paravaginal defect repair (including repair of cystocele if done) – Abdominal approach	\$813	\$3,033	NA
57285	Paravaginal defect repair (including repair of cystocele if done) – Vaginal approach	\$665	\$2,377	NA
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	\$474	\$1,351	\$803
57425	Laparoscopy, surgical, colpopexy (suspension of the apex)	\$953	\$2,565	NA

* Payment for device included in global ASC payment

** Add-on code 57267 is only to be used with CPT 45560, 57240-57265, 57285 and is exempt from multiple procedure discount.

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

2010 Pelvic Floor Reconstruction General Reimbursement Information

Medicare Physician Payment Outpatient and ASC

- The add on code CPT® Code 57267 – Insertion of mesh for the pelvic floor repair
 - Can be billed with CPT codes 45560 and 57240-57265
 - Is for each site. This code can be billed more than once.
- Sling (57288) or paravaginal defect repair (57284) will be the main procedure for most pelvic floor repairs.
- Secondary procedures; actual payments would be reduced by 50% per Medicare's multiple procedure discounting policy.
- All rates shown (except 57267) are 2009 Medicare national averages; actual rates will vary by geography.

CPT Code	Code Description)	MD	ASC	Outpatient
57288	Sling operation for stress incontinence. Can be billed with defect repair	\$711	\$1,523	\$3,033
57284	Paravaginal defect repair (including repair of cystocele, if performed); abdominal approach	\$813	NA	\$3,033
57285	Paravaginal defect repair (including repair of Cystocele, if performed); vaginal approach	\$665	NA	\$2,377

Secondary procedures that can be billed in conjunction with 57288 or 57284 or 57285

CPT Code	Code Description	Can be Billed With	MD In-Facility
45560	Repair of rectocele	57288 & 57284	\$671
51845	Abdominal-vaginal vesical neck suspension, with or w/out endoscopic control	57284, 57285, 57288	\$602
53500	Urethrolisis, transvaginal, secondary, open, including cysto	57288, 57284, 57285	\$767
57230	Plastic repair of urethrocele	57288, 57284, 57285	\$391
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	57288, 57285	\$655
57250	Posterior colporrhaphy, repair of rectocele w/w-o perineorrhaphy	57288, 57284, 57285	\$651
57260	Combined anteroposterior colporrhaphy	57288, 57284, 57285	\$807
57265	Combined anteroposterior colporrhaphy; with enterocele repair	57288, 57284, 57285	\$891
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site	57288, 57284	\$258
57268	Repair of enterocele, vaginal approach (separate procedure)	57267	\$469
57280	Colpopexy, abdominal approach	57288, 57284, 57285	\$943
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, illococcygeus)	57288, 57284, 57285	\$491
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	57288, 57284, 57285	\$677
57289	Pereyra procedure, including anterior colporrhaphy	57288, 57284, 57285	\$733

*Currently don't have the information to determine if this procedure can be billed with 57288 or 57284

Graft Revision/ Removal

CPT Code	Code Description	MD In-Facility Amount Allowed	Hospital Outpatient Amount Allowed
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	\$474	\$1,351

HCPCS Code:

- L8699 – Prosthetic implant, not otherwise specified

2010 Pelvic Floor Reconstruction General Reimbursement Information

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

Applying the Add On Mesh CPT Code 57267

2010 Medicare Physician (MD) Payment

Below you will find a chart showing you how to apply CPT Code 57267, the add-on mesh CPT code, allowing your surgeon to maximize their billing during their procedures.

Procedure	Primary CPT Code		Secondary CPT Code (50%)		Add-on Mesh CPT Code (100%)		Total MD Allowance
Sling	57288	\$711	-	-	-	-	\$711
Anterior Repair w/o Graft	57240	\$655	-	-	-	-	\$655
Anterior Repair w/Graft	57240	\$655	-	-	57267	\$258	\$913
Posterior Repair w/o Graft	57250	\$651	-	-	-	-	\$651
Posterior Repair w/Graft	57250	\$651	-	-	57267	\$258	\$909
A&P Repair w/o Graft	57260	\$807	-	-	-	-	\$807
A&P Repair w/Graft	57260	\$807	-	-	57267 x 2	\$516	\$1,323
Paravaginal Repair w/Posterior Graft	57284	\$813	57250	\$325.50	57267	\$258	\$1,396.50
Anterior Repair w/Graft & Sling	57288	\$711	57240	\$327.50	57267	\$258	\$1,296.50
Posterior Repair w/Graft & Sling	57288	\$711	57250	\$325.50	57267	\$258	\$1,294.50
A&P Repair w/Graft & Sling	57288	\$711	57260	\$403.50	57267 x 2	\$516	\$1,630.50

- The -59 modifier should be used when the add-on mesh code is billed more than once.
- For secondary procedures; actual payments would be reduced by 50% per Medicare's multiple procedure discounting policy.
- The add-on mesh code (57267) will be paid 100% as an inpatient secondary procedure (MD payment).
- For the hospital outpatient payments, both secondary and add on mesh procedures (57267) are reduced by 50%.

Medicare Hospital Outpatient (OP) Payment

Procedure	Primary CPT Code		Secondary CPT Code (50%)		Add-on Mesh CPT Code (50%)		Total OP Allowance
Sling	57288	\$3,033	-	-	-	-	\$3,033
Anterior Repair w/o Graft	57240	\$2,377	-	-	-	-	\$2,377
Anterior Repair w/Graft	57240	\$2,377	-	-	57267	\$1,188.50	\$3,565.50
Posterior Repair w/o Graft	57250	\$2,377	-	-	-	-	\$2,377
Posterior Repair w/Graft	57250	\$2,377	-	-	57267	\$1,188.50	\$3,565.50
A&P Repair w/o Graft	57260	\$2,377	-	-	-	-	\$2,377
A&P Repair w/Graft	57260	\$2,377	-	-	57267 x 2	\$2,377	\$4,754
Paravaginal Repair w/Posterior Graft	57284	\$3,033	57250	\$1,188.50	57267	\$1,188.50	\$5,410
Anterior Repair w/Graft & Sling	57288	\$3,033	57240	\$1,188.50	57267	\$1,188.50	\$5,410
Posterior Repair w/Graft & Sling	57288	\$3,033	57250	\$1,188.50	57267	\$1,188.50	\$5,410
A&P Repair w/Graft & Sling	57288	\$3,033	57260	\$1,188.50	57267 x 2	\$2,377	\$6,598.50

2010 Pelvic Floor Reconstruction General Reimbursement Information

ICD-9 Billing Codes

As of October 1, 2008, 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.

1. Use diagnosis codes 618.01-618.09 when no uterine prolapse is present.
2. If uterine prolapse is present, document and use diagnosis codes 618.02 – 618.04
3. If incontinence is present and due to prolapse, code the prolapse as the primary diagnosis.

ICD-9-CM Diagnosis Codes	ICD-9-CM Procedure Code
599.81 – Urethral Hypermobility	59.79 – Urinary Incontinence repairs NEC
599.82 – Intrinsic Sphincter Deficiency (ISD)	70.50 - 70.55 - Repair of cystocele and rectocele
618.00 – Unspecified prolapse of vaginal walls	70.51 – Repair of cystocele
618.01 – Cystocele, midline	70.52 – Repair of rectocele – posterior colporrhaphy
618.02 – Cystocele, lateral	70.53 – Repair of cystocele and rectocele with graft or prosthesis
618.03 – Urethrocele	70.54 – Repair of cystocele with graft or prosthesis
618.04 – Rectocele	70.55 – Repair of rectocele with graft or prosthesis
618.05 – Perineocele	70.77 – Vaginal suspension and fixation
618.06 – Vaginal enterocele, congenital or aquired	70.78 – Vaginal suspension and fixation with graft or prosthesis
618.09 – Other prolapse of vaginal walls without mention of uterine prolapse	70.79 – Other repair of vagina
625.6 – Stress Urinary Incontinence (SUI)	70.94 – Insertion of biological graft
	70.95 – Insertion of synthetic graft or prosthesis

Medicare Hospital Inpatient Payment

Possible MS-DRG Assignment

MS-DRG Code	Description	Hospital Inpatient Payment
662	Minor bladder procedures with major complication or comorbidity (MCC)	\$15,688
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

Important – Please Note: Reimbursement information provided by Caldera Medical, Inc. 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.