

2009 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 a slight only slight changes for 2009

- 57288 MD Allowance for slings procedure reduced by \$55 (\$704)
- 57284 MD Allowance for paravaginal defect repair increased by \$17 (\$799)

MD Allowance payments for the following CPT Codes increased by an average of 4% for 2009:

Code	Description	MD Increase
- (45560)	Repair of Rectocele	\$ 24
- (51845)	Abdominal-vaginal vesical neck suspension	\$ 29
- (53500)	Urethrolisis, transvaginal, secondary, open including cystocele	\$ 35
- (57230)	Plastic repair of urethrocele	\$ 14
- (57240)	Anterior colporrhaphy, repair of Cystocele	\$ 40
- (57250)	Posterior colporrhaphy, repair of Rectocele	\$ 38
- (57260)	Combined anteroposterior colporrhaphy	\$ 40
- (57265)	Combined anteroposterior colporrhaphy; w/enterocele repair	\$ 37
- (57267)	Insertion of mesh or other prosthesis for repair of pelvic floor defect	\$ 7
- (57268)	Repair of enterocele, vaginal approach (separate procedure)	\$ 12
- (57280)	Colpopexy, abdominal approach	\$ 27
- (57282)	Colpopexy, vaginal; extra-peritoneal approach	\$ 13
- (57283)	Colpopexy, vaginal; intra-peritoneal approach	\$ 15
- (57289)	Pereyra procedure, including anterior colporrhaphy	\$ 26
- (57425)	Laparoscopy, surgical, colpopexy	\$ 33

2009 Summary of Most Commonly Billed Codes & Allowances: MD, Outpatient, ASC

CPT Code	Code Description	2009 Average Payment		
		MD	Hospital Outpatient	ASC
45560	Repair of rectocele	\$652	\$2,050	\$844*
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	\$624	\$2,226	\$1,030*
57250	Posterior colporrhaphy, repair of rectocele w/w-o perineorrhaphy	\$610	\$2,226	\$1,030*
57260	Combined anteroposterior colporrhaphy	\$762	\$2,226	\$1,030*
57265	Combined anteroposterior colporrhaphy; with enterocele repair	\$855	\$2,888	\$1,367*
57267**	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site	\$261	\$2,226	\$1,165*
57268	Repair of enterocele, vaginal approach (separate procedure)	\$456	\$2,226	\$929*
57280	Colpopexy, abdominal approach	\$922	Inpatient	NA
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliooccygeus)	\$486	\$2,888	NA
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	\$652	\$2,888	NA
57284	Paravaginal defect repair (including repair of cystocele if done) – Abdominal approach	\$799	\$2,888	NA
57285	Paravaginal defect repair (including repair of cystocele if done) – Vaginal approach (New 2009)	unk	unk	unk
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	\$470	\$1,307	NA
57425	Laparoscopy, surgical, colpopexy (suspention of the apex)	\$931	\$2,503	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.

2009 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	\$704	\$1,232	\$2,888
57284	Paravaginal defect repair (including repair of cystocele, SUI and/or complete vaginal prolapse)	\$799	NA	\$2,888
57285	Paravaginal defect repair (including repair of Cystocele, if performed); vaginal approach	\$632	NA	\$2,226

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	\$652
51845	Abdominal-vaginal vesical neck suspension, with or w/out endoscopic control	57284, 57285, 57288	\$599
53500	Urethrolisis, transvaginal, secondary, open, including cysto	57288, 57284, 57285	\$760
57230	Plastic repair of urethrocele	57288, 57284, 57285	\$377
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	57288, 57285	\$624
57250	Posterior colporrhaphy, repair of rectocele w/w-o perineorrhaphy	57288, 57284, 57285	\$610
57260	Combined anteroposterior colporrhaphy	57288, 57284, 57285	\$762
57265	Combined anteroposterior colporrhaphy; with enterocele repair	57288, 57284, 57285	\$855
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site	57288, 57284	\$261
57268	Repair of enterocele, vaginal approach (separate procedure)	57267	\$456
57280	Colpopexy, abdominal approach	57288, 57284, 57285	\$922
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, illococcygeus)	57288, 57284, 57285	\$486
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	57288, 57284, 57285	\$652
57289	Pereyra procedure, including anterior colporrhaphy	57288, 57284, 57285	\$740
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	*Unclear at this time	\$931

*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	\$470	\$1,307

HCPCS Code:

- L8699 – Prosthetic implant, not otherwise specified

2009 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

2009 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		Total MD Allowance
Sling	57288	\$704	-	-	-	-	\$704
Anterior Repair w/o Graft	57240	\$624	-	-	-	-	\$624
Anterior Repair w/Graft	57240	\$624	-	-	57267	\$261	\$885
Posterior Repair w/o Graft	57250	\$610	-	-	-	-	\$610
Posterior Repair w/Graft	57250	\$610	-	-	57267	\$261	\$871
A&P Repair w/o Graft	57260	\$762	-	-	-	-	\$762
A&P Repair w/Graft	57260	\$762	-	-	57267 x 2	\$522	\$1,284
Paravaginal Repair w/Posterior Graft	57284	\$799	57250	\$305	57267	\$261	\$1,365
Anterior Repair w/Graft & Sling	57288	\$704	57240	\$312	57267	\$261	\$1,277
Posterior Repair w/Graft & Sling	57288	\$704	57250	\$305	57267	\$261	\$1,270
A&P Repair w/Graft & Sling	57288	\$704	57260	\$381	57267 x 2	\$522	\$1,607

- 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.
- 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	\$2,888	-	-	-	-	\$2,888
Anterior Repair w/o Graft	57240	\$2,226	-	-	-	-	\$2,226
Anterior Repair w/Graft	57240	\$2,226	-	-	57267	\$1,113	\$3,339
Posterior Repair w/o Graft	57250	\$2,226	-	-	-	-	\$2,226
Posterior Repair w/Graft	57250	\$2,226	-	-	57267	\$1,113	\$3,339
A&P Repair w/o Graft	57260	\$2,226	-	-	-	-	\$2,226
A&P Repair w/Graft	57260	\$2,226	-	-	57267 x 2	\$2,226	\$4,452
Paravaginal Repair w/Posterior Graft	57284	\$2,888	57250	\$1,113	57267	\$1,113	\$5,114
Anterior Repair w/Graft & Sling	57288	\$2,888	57240	\$1,113	57267	\$1,113	\$5,114
Posterior Repair w/Graft & Sling	57288	\$2,888	57250	\$1,113	57267	\$1,113	\$5,114
A&P Repair w/Graft & Sling	57288	\$2,888	57260	\$1,113	57267 x 2	\$2,226	\$6,227

2009 Pelvic Floor Reconstruction General Reimbursement Information

Medicare Hospital Outpatient (OP) Payment

CPT Code	Code Description	Hospital Outpatient Payment
45560	Repair of rectocele	\$2,050
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	\$2,226
57250	Posterior colporrhaphy, repair of rectocele w/w-o perineorrhaphy	\$2,226
57260	Combined anteroposterior colporrhaphy	\$2,226
57265	Combined anteroposterior colporrhaphy; with enterocele repair	\$2,888
57267*	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site	\$2,226
57268	Repair of enterocele, vaginal approach (separate procedure)	\$2,226
57280	Colpopexy, abdominal approach	Inpatient Only
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, ilioococcygeus)	\$2,888
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	\$2,888
57284	Paravaginal defect repair (including repair of cystocele, SUI and/or incomplete vaginal prolapse)	\$2,888
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	\$1,307
57425	Laparoscopy, surgical, colpopexy (suspension of the apex)	\$2,503

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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/or rectocele with or without graft prosthesis
618.00 – Unspecified prolapse of vaginal walls	70.77 – Vaginal suspension and fixation
618.01 – Cystocele, midline	70.78 – Vaginal suspension and fixation with graft or prosthesis
618.02 – Cystocele, lateral	70.94 – Insertion of biological graft
618.03 – Urethrocele	70.95 – Insertion of synthetic graft or prosthesis
618.04 – Rectocele	
618.05 – Perineocele	
618.09 – Other prolapse of vaginal walls without mention of uterine prolapse	
625.6 – Stress Urinary Incontinence (SUI)	

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)	\$15,052
663	Minor bladder procedures with complication or comorbidity (CC)	\$8,012
664	Minor bladder procedures without CC/MCC	\$5,509
748	Female Reproductive System Reconstructive Procedures	\$4,532

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