

2009 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 2009 (the exception was MD allowance for sling):

- (57288) MD Allowance for sling procedure reduced by \$55
- (57288) Hospital outpatient payment for sling operation increased by \$168
- (57288) ASC rate for sling operation increased by \$252

- (57287) MD Allowance for removal or revision of sling increased by \$23
- (57287) Hospital outpatient payment for removal or revision of sling increased by \$161
- (57287) ASC rate for removal or revision of sling has been added to Medicare payments

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

Overall payments for MS-DRG codes increased with the exception of #664 Minor Bladder Procedures which had a slight decrease:

- (662) Minor bladder procedures with major complications or comorbidity (MCC) increased by \$4,016
- (663) Minor bladder procedures with complication or comorbidity (CC) increased by \$291
- (664) Minor bladder procedures without CC/MCC decreased by \$118
- (748) Female Reproductive System Reconstructive Procedures increased by \$244

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

2009 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	2009 Hospital Outpatient Payment	2009 ASC Rate	2009 Medicare MD Allowance
57288	Sling operation for stress incontinence	\$2,888	\$1,232	\$704
57287	Removal or revision of sling for stress incontinence	\$2,226	\$1,360	\$668

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 599.82 – Intrinsic Sphincter Deficiency (ISD) 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)	\$15,052
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

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. Payment for device included in global MS-DRG payment.

HCPCS Code

- L8699 – Prosthetic implant, not otherwise specified

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