Coloplast

2013 Physician and Ambulatory Surgery Center Coding Guide

Women's Health - Common Coding and Payment

This coding reference guide is intended to illustrate the common coding and payment for female pelvic health procedures and concomitant repairs. This guide is limited to female health procedures performed by physicians or performed in the ambulatory surgery center (ASC) site-of-service. A companion coding guide for hospitals is also available.

Physician and Ambulatory Surgery Center Fee Schedules **Effective January 1, 2013 - December 31, 2013**

CPT® Code	Code Description	Physician Medicare Base Rate	ASC Medicare Base Rate
45560	Repair of rectocele (separate procedure)	$704.62	$1,327.61
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	$289.88 (in office) $198.01 (facility)	$1,331.68
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	$191.21	$85.00
51726	Complex cystometrogram (ie, calibrated electronic equipment)	$270.14	$130.36
51784	Electromyography studies (EMG) of anal or urethral sphincter,other than needle, any technique	$195.97	$46.01
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	$260.28	$85.71
51797 +	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal)(List separately in addition to code for primary procedure)	$114.32	$55.00
51840	Anterior vesicourethropexy, or urethropexy (eg, MMK, Burch; simple)	$663.11	N/A
51841	Anterior vesicourethropexy, or urethropexy (eg, MMK, Burch; complicated (eg, secondary repair)	$787.29	N/A
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	$586.22	N/A
52000	Cystourethroscopy (separate procedure)	$204.14 (in office) $125.20 (facility)	$286.04
52287	Cystoscopy chemodenervation	$311.65 (in office) $166.71 (facility)	$634.79
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	$747.49	N/A
57230	Plastic repair of urethocele	$403.85	$1,481.07
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	$674.68	$1,481.07
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	$687.60	$1,481.07
57260	Combined anteroposterior colporrhaphy	$845.81	$1,481.07
57265	Combined anteroposterior colporrhaphy with enterocele repair	$926.11	$1,910.94
57267 +	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment) vaginal approach (List separately in addition to code for primary procedure)	$258.23	$1,481.07
57268	Repair of enterocele, vaginal approach (separate procedure)	$491.63	$1,481.07
57270	Repair of enterocele, abdominal approach (separate procedure)	$812.13	N/A
57280	Colpopexy, abdominal approach	$965.23	N/A
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	$508.98	N/A
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator, myorrhaphy)	$701.21	N/A
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdomen approach (Do not report 57284 in conjunction with 51840, 51841, 51990, 57240, 57260, 57265, 58152, 58267)	$824.38	N/A
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach (Do not report 57285 in conjunction with 51990, 57240, 57260, 57265, 58267)	$682.50	N/A
57287	Removal or revision of sling for stess incontinence (eg fascia or synthetic)	$683.86	$1,481.07
57288	Sling operation for stress incontinence (eg fascia or synthetic)	$716.52	$1,910.94
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	$484.83	$816.19
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	$966.59	N/A

+ Denotes add-on code. ** For private insurance, follow payer claims reporting instructions.

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Physician and Ambulatory Surgery Center Fee Schedules (cont.) — Effective January 1, 2013 - December 31, 2013

CPT® Code	Code Description	Physician Medicare Base Rate	ASC Medicare Base Rate
57300	Closure of rectovaginal fistula; vaginal or transanal approach	$568.86	$1,481.07
57305	Closure of rectovaginal fistula; abdominal approach	$944.48	N/A
57310	Closure of urethrovaginal fistula	$456.59	N/A
57320	Closure of vesicovaginal fistula; vaginal approach	$530.08	$1,481.07
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	$730.47	N/A
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	$932.91	N/A
57425	Laparoscopy, surgical, colpopexy	$983.60	N/A
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	$862.48	$816.19
57289	Pereyra procedure, including anterior colporrhaphy	$721.29	$1,481.07
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	192.13-214.12	**
L8699	Prosthetic Implant, not otherwise specified	N/A	**

+ Denotes add-on code. ** For private insurance, follow payer claims reporting instructions.

Common ICD-9-CM Diagnosis Codes associated with female pelvic health procedures

Diagnosis Code	Code Description
599.81	Urethral hypermobility
599.82	Intrinsic (urethral) sphincter deficiency (ISD)
618.0	Prolapse of vaginal walls without mention of uterine prolapse
618.01	Prolapse of vaginal walls without mention of uterine prolapse;Cystocele, midline
618.02	Cystocele, lateral
618.03	Urethrocele
618.04	Rectocele
618.5	Prolapse of vaginal vault after hysterectomy
618.6	Vaginal enterocele, congenital or acquired
618.8X	Other specified genital prolapse
618.X	For 618.X, use additional code to identify urinary incontinence (625.6, 788.31, 788.33-788.39) Source: ICD-9-CM for Hospitals—2013 Volumes 1,2 & 3 Professional Edition
625.6	Stress incontinence, female
787.6X	Incontinence of feces
788.30	Urinary incontinence, unspecified
788.37	Continous leakage
996.39	Mechanical complication of genitourinary device, implant, and graft, other
996.76	Other complications of internal (biologic)(synthetic) prosthetic device, implant and graft due to a genitourinary device, implant or graft

Note: Rates quoted do not reflect the 2% "Sequestration payment adjustment" which became effective April 1, 2013

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42 CFR Parts 416, 419, 476, et al. Medicare and Medicaid Programs. Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems…, Final Rule, November 15, 2012.
2013 National Average Medicare physician payment rates calculated using a 2013 conversion factor $34.0230 which reflects the zero percent update for calendar year 2013 adopted by section 601(a) of the American Taxpayer Relief Act of 2012 and MPFS payment rates reflecting policies adopted in the CY 2013 Medicare Physician Fee Schedule Final Rule that appeared in the Federal Register on November 16, 2012, as subsequently corrected by a CY 2013 Medicare Physician Fee Schedule Final Rule Correction Notice. These rates effective January 1, 2013 through December 31, 2012, are subject to change and do not reflect a Sustainable Growth Rate reduction.
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