

Apogee®

Vaginal Vault & Posterior Prolapse Repair System

Elevate® Anterior and Apical

Prolapse Repair System

Elevate® Apical and Posterior

Prolapse Repair System

Perigee®

Transobturator Anterior Prolapse Repair System

Straight In™

Sacral Colpopexy System



2011 MOST COMMONLY BILLED CODES

- 45560 Repair of rectocele (separate procedure)
57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260 Combined anteroposterior colporrhaphy
57265 Combined anteroposterior colporrhaphy; with enterocele repair
57267 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach
57268 Repair of enterocele, vaginal approach (separate procedure)
57280 Colpopexy, abdominal approach
57282 Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283 Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57284 Paravaginal defect repair (including repair of cystocele, if performed) abdominal approach
57285 Paravaginal defect repair (including repair of cystocele, if performed) vaginal approach
57295 Revision (including removal) of prosthetic vaginal graft; vaginal approach
57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57426 Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
58999 Unlisted procedure, female genital system (nonobstetrical)

Table with columns: CPT, Physician RVU, Payment\*, ASC Payment, Device Payment, Global Days. Rows include codes 45560 through 58999 with corresponding reimbursement rates and global days.

\* Medicare physician reimbursement rate is calculated using the 2011 conversion factor of \$33.9764.
\*\*Reimbursement for an unlisted procedure code is derived from the charge, medical necessity and documentation submitted. Proper documentation should accurately describe the patient specific data, service time, complexity and comparable charges.
†Add-on code 57267 is only to be used with CPT 45560, 57240-57265, 57285 and is exempt from the multiple procedure discount.

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AMS

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2011 MOST COMMONLY BILLED CODES

	Physician			Outpatient Hospital		Device	
	CPT	RVU	Payment	APC	Payment	HCPCS	Payment
<b>Hospital Outpatient</b>	45560	20.45	\$695	150	\$2,249	C1781 or C1763	C1781 (Mesh, implantable) C1763 (Connective tissue, nonhuman) (includes synthetic) Payment for device included in global APC payment
	57240	19.79	\$672	195	\$2,457		
	57250	19.86	\$675	195	\$2,457		
	57260	24.54	\$834	195	\$2,457		
	57265	27.04	\$919	202	\$3,127		
	57267	7.73	†\$263	195	\$2,457		
	57268	14.30	\$486	195	\$2,457		
	57280	28.47	\$967	Inpatient Only			
	57282	14.93	\$507	202	\$3,127	C1781 or C1763	C1781 (Mesh, implantable) C1763 (Connective tissue, nonhuman) (includes synthetic) Payment for device included in global APC payment
	57283	20.55	\$698	202	\$3,127		
	57284	24.47	\$831	202	\$3,127		
	57285	20.15	\$685	202	\$3,127		
	57295	14.35	\$488	193	\$1,424		
	57425	28.87	\$981	130	\$2,662		
	57426	25.03	\$850	193	\$1,424		
58999	N/A	N/A**	191	\$10			

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**2011 MOST COMMONLY BILLED CODES**

	Physician			Inpatient Hospital			Device
	CPT	RVU	Payment	Possible MS-DRG for all CPT codes*		Payment**	Payment
<b>Hospital Inpatient</b>	45560	20.45	\$695	329	Major Small and Large Bowel Procedures w/MCC	\$29,488	Payment for device included in global MS-DRG payment
	57240	19.79	\$672				
	57250	19.86	\$675	330	Major Small and Large Bowel Procedures w/CC	\$14,424	
	57260	24.54	\$834				
	57265	27.04	\$919	331	Major Small and Large Bowel Procedures w/o CC/MCC	\$9,084	
	57267	7.73	†\$263				
	57268	14.30	\$486	653	Major Bladder Procedures w/MCC	\$34,023	
	57280	28.47	\$967	654	Major Bladder Procedures w/CC	\$16,738	
	57282	14.93	\$507	655	Major Bladder Procedures w/o CC/MCC	\$10,927	
	57283	20.55	\$698	662	Minor Bladder Procedures w/MCC	\$16,841	
	57284	24.47	\$831	663	Minor Bladder Procedures w/CC	\$8,219	
	57285	20.15	\$685	664	Minor Bladder Procedures w/o CC/MCC	\$6,184	
	57295	14.35	\$488	748	Female Reproductive System Reconstructive Procedures	\$5,120	
	57425	28.87	\$981				
	57426	25.03	\$850				
	58999	N/A	N/A**				

\*Complications and Comorbidities: CMS developed a standard list of diagnoses that are recognized as CCs for MS-DRGs. When a CC is present as a secondary diagnosis, it may affect the MS-DRG assignment.

\*\*These averages are calculated by multiplying the current relative weight of the MS-DRG by the national average hospital Medicare base rate and this includes the capital rate.

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## 2011 MOST COMMONLY BILLED CODES

ICD-9-CM Diagnostic Coding Options	
<b>618.00</b>	Unspecified prolapse of vaginal walls without mention of uterine prolapse
<b>618.01</b>	Cystocele without mention of uterine prolapse, midline
<b>618.02</b>	Cystocele without mention of uterine prolapse, lateral
<b>618.04</b>	Rectocele without mention of uterine prolapse
<b>618.5</b>	Prolapse of vaginal vault after hysterectomy
<b>618.6</b>	Vaginal enterocele, congenital or acquired
<b>618.81</b>	Incompetence or weakening of pubocervical tissue
<b>618.82</b>	Incompetence or weakening of rectovaginal tissue
<b>618.89</b>	Other specified genital prolapse

ICD-9-CM Procedural Coding Options	
<b>70.50</b>	Repair of cystocele and rectocele
<b>70.51</b>	Repair of cystocele
<b>70.52</b>	Repair of rectocele-posterior colporrhaphy
<b>70.53</b>	Repair of cystocele and rectocele with graft or prosthesis
<b>70.54</b>	Repair of cystocele with graft or prosthesis
<b>70.55</b>	Repair of rectocele with graft or prosthesis
<b>70.64</b>	Vaginal reconstruction with graft or prosthesis
<b>70.77</b>	Vaginal suspension and fixation
<b>70.78</b>	Vaginal suspension and fixation with graft or prosthesis
<b>70.79</b>	Other repair of vagina

**Disclaimer:** While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. cannot guarantee reimbursement for any procedure or product. It is the responsibility of the medical provider to contact payers for specific coverage and billing/coding policies as well as update the information described herein. Reimbursement rates quoted are 2011 Medicare national averages.

### Coding Resources:

1. CPT 2011. Current Procedural Terminology. Professional Edition. CPT is a trademark of the American Medical Association
2. ICD-9-CM for Hospitals—Vol. 1, 2, 3 Expert 2011. Ingenix, Inc. Salt Lake City, UT
3. HCPCS Level II Expert 2011. Ingenix, Inc. Salt Lake City, UT
4. DRG Expert 2011. Ingenix, Inc. Salt Lake City, UT
5. MarketScan® Research Data © 2010 Thomson Reuters
6. Federal Register, Vol. 75, No. 226, Nov. 24, 2010
7. Federal Register, Vol. 75, No. 157, Aug. 16, 2010
8. Federal Register, Vol. 75, No. 228, Nov. 29, 2010
9. Federal Register, Vol. 76, No. 7, Jan. 11, 2011
10. CMS, and DHHS. "Pub. 100-20 One-Time Notification." Transmittal 828. Change Request 7300. Jan. 13, 2010 Document Number HC00058M