

Sling Procedure for Female Stress Urinary Incontinence

2015 Coding & Quick Reference Guide

This guide contains coding and reimbursement information relevant to physicians and facilities (e.g., ambulatory surgery centers, hospital outpatient facilities & hospital inpatient facilities). Click on the links below for the information most relevant to your needs:

- [PHYSICIAN SERVICES](#)
- [HOSPITAL OUTPATIENT FACILITY](#)
(including Medicare Pass-Through Codes – aka “HCPCS” or “C-Codes”)
- [HOSPITAL INPATIENT FACILITY](#)
- [AMBULATORY SURGERY CENTER FACILITY](#)

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Reimbursement amounts provided in this guide are based on 2015 Medicare national average allowed amounts and will vary geographically and/or by individual facility.

PHYSICIAN Coding & Reimbursement (PFS)

CODING, PHYSICIAN RELATIVE VALUE UNITS (RVUs) & MEDICARE REIMBURSEMENT

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The following codes are thought to be relevant to common transvaginal pelvic floor procedures and are referenced throughout this guide.

CPT® Code	Code Description	Medicare Rates (National Average)	*Medicare National RVUs (Facility-based) ^{1,2}			TOTAL RVUs
		2015 Physician ^{1,2} Allowed Amount	Work	Practice Expense	Malpractice	
57287	Removal or revision of sling for stress incontinence (e.g., fascia or synthetic)	\$693	11.15	6.90	1.32	19.37
57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	\$729	12.13	6.79	1.46	20.38

*There are no current Medicare valuations for CPT Codes 57287 or 57288 for the physician office setting.

NOTE: Additional coding/reimbursement guides, including Uphold™ LITE Vaginal Support System and Pelvic Floor Repair Procedures-Transvaginal are available on the Boston Scientific reimbursement [webpage](#).

FACILITY Coding & Reimbursement

Hospital Outpatient-OPPS

CODING, APC RELATIVE WEIGHTS & MEDICARE REIMBURSEMENT

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Comprehensive APCs (C-APCs), originally implemented by CMS in 2014, were created with the goal of identifying certain high-cost device-related hospital outpatient procedures. CMS has fully implemented this policy and has identified these high-cost, device-related procedures as the primary service on a claim. All other services reported on the same claim will be considered “adjunct services” provided to support the delivery of the primary service and will be unconditionally packaged into the OPPS payment of the primary service. Private payer reimbursement policies may differ.

CPT® Code	Description	APC Code	Medicare Rates (National Average)	Medicare OPPS Relative Weight
			2015 Hospital Outpatient ^{2,3} Allowed Amount	APC Relative Weight ^{2,3}
57287	Removal or revision of sling for stress incontinence (e.g., fascia or synthetic)	0193	\$1,846	24.8904
57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	0202	\$3,979	53.6473

NOTE: Exceptions to CMS’s C-APC reimbursement policy apply, based on CMS’s “complexity adjustment” criteria (applicable to hospital facilities ONLY). Visit the Boston Scientific reimbursement [webpage](#) to reference our online guide titled CMS Comprehensive APCs & Complexity Adjustment Coding Scenarios-Hospital Outpatient Facilities for relevant Women’s Health SUI & PFR procedure exceptions.

FACILITY Coding & Reimbursement
(continued)

Hospital Outpatient-OPPS

MEDICARE PASS-THROUGH CODES (“C-CODES”) FOR SELECT PELVIC FLOOR REPAIR DEVICES:

- C-codes are ONLY for use by hospital outpatient facilities, under the Medicare program. Medicare requires hospitals to use “C-codes” to report devices on claims when such devices are used in conjunction with procedure(s) billed and paid for under the OPPS in order to improve the claims data used annually to update the OPPS payment rates. The codes below, while no longer paid separately, are still important to report on outpatient hospital claims. Hospitals will continue to be paid for outpatient care using ambulatory payment classification (APC) rates based on procedures performed, and not on C-codes.
- It is important to charge appropriately for device-related procedures because hospital’s charging practices will determine adequacy of future Medicare hospital outpatient rates. Medicare sets new hospital outpatient rates using hospital claims data from prior years. When hospitals fail to include appropriate device charges on the claim, this reduces future payment rates because the device-related costs are not captured for that service. As a result, it is important for hospitals to accurately reflect all procedure costs in insurance claims charges, including device cost, using the appropriate C-code, where applicable in conjunction with revenue code 278 Medical/Surgical Supplies and Devices - Other Implant.

C-code	Code Description	Device Impacted
C1771	Repair device, urinary, incontinence, with sling graft	Advantage™ System (Transvaginal) Advantage Fit™ System (Transvaginal) Lynx™ System (Suprapubic) Obtryx™ System Halo or Curved (Transobturator) Obtryx II System Halo or Curved (Transobturator) Solyx™ SIS System (Single Incision)

For additional online information related to CMS Pass-Through Codes (aka, HCPCS or C-codes) as well as a comprehensive list of Boston Scientific Urology and Women’s Health products with C-Codes, see our [Urology and Women’s Health C-code Guide](#) available on the Boston Scientific reimbursement [webpage](#).

FACILITY Coding & Reimbursement

Hospital Inpatient-IPPS

CODING & MEDICARE REIMBURSEMENT

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ICD-9-CM Diagnosis Code	ICD-9-CM Procedure Code	Possible MS-DRG Assignment / Reimbursement ^{5,6} <i>(National Average)</i>	
625.6 – Stress incontinence, female	59.4 – Suprapubic sling operation	748 – Female reproductive system reconstructive procedures	\$6,361
599.82 – Intrinsic (urethral) sphincter deficiency (ISD)	59.71 – Levator muscle operation for urethrovesical suspension	662 – Minor bladder procedures with major complication or comorbidity (MCC)	\$17,621
599.81 – Urethral hypermobility	59.79 – Other repair of stress incontinence	663 – Minor bladder procedures with complication or comorbidity (CC)	\$8,965
		664 – Minor bladder procedures without CC/MCC	\$7,277

FACILITY Coding & Reimbursement

Ambulatory Surgery Center-ASC

AMBULATORY SURGERY CENTER ALLOWED AMOUNTS (Medicare National Average)

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CPT® Code	Description	APC	Medicare Rates (National Average)	Medicare ASC Relative Weight
			2015 ASC ^{2,4} Allowed Amount	APC Relative Weight ^{2,4}
57287	Removal or revision of sling for stress incontinence (e.g., fascia or synthetic)	0193	\$1,012	22.9614
57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	0202	\$1,813	41.1415

**CMS's C-APC policy does not apply to services provided by ASC facilities.*

REFERENCES:

¹ Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – January 8, 2015 revised release, RVU15A file <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU15A.html?DLPage=1&DLSort=0&DLSortDir=descending>. The 2015 National Average Medicare physician payment rates have been calculated using a 2015 conversion factor of \$35.7547 which reflects changes for January 1, 2015 through March 31, 2015 as a result of the April 1, 2014 Protecting Access to Medicare Act of 2014 (H.R. 4302). Rates subject to change.

² “Allowed Amount” is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance, etc.

³ Hospital outpatient payment rates are 2015 Medicare OPPS Addendum B national averages. Source: CMS OPPS - January 2015 revised release, CMS-1613-CN-Addendum-B_REV file <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates-Items/2015-Jan-Addendum-B.html?DLPage=1&DLSort=2&DLSortDir=descending>.

⁴ ASC payments rates are 2015 Medicare ASC national averages. ASC rates are from the 2015 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: January 2015 revised release, CMS-1613-CN-Addendum-AA-BB-DD1-DD2-EE- file <http://www.cms.gov/apps/ama/license.asp?file=/ascpayment/downloads/CMS-1613-CN-CY-2015-Addendum-AA-BB-DD1-DD2-EE.zip>

⁵ National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,865.48). Source: August 22, 2014 Federal Register; CMS-1607-F Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System Changes and FY2015 Rates.

⁶ The patient's medical record must support the existence and treatment of the complication or comorbidity.

Sequestration

Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2015.

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Products are labeled for individual use and concomitant repairs are at the discretion of the physician.

Accordingly for medical devices:

CAUTION: Federal Law (USA) restricts these devices to sale by or on the order of a physician.

Accordingly for mesh for transvaginal repair of pelvic organ prolapse:

CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician trained in use of surgical mesh for transvaginal repair of pelvic organ prolapse.

Accordingly for stress urinary incontinence mesh products:

CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician trained in use of surgical mesh for repair of stress urinary incontinence.

Repliform Tissue Regeneration Matrix complies with U.S. Regulations in 21 CFR part 1271 Human Tissue Intended for Transplantation.

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