

2009 CODING & REIMBURSEMENT GUIDE FOR PHYSICIAN & HOSPITAL OUTPATIENT - MEDICARE

BACKGROUND

- Identified below are four (4) common coding/reimbursement scenarios relating to the use of the Pinnacle Pelvic Floor Repair Kit.
- Proper medical record documentation is critical to ensure appropriate reimbursement from all payers. The medical record must specifically support all procedures and diagnoses billed.
- All procedures are listed in order of highest to lowest total MD In-Facility relative value units (RVU).
- For illustrative purposes, it is assumed sling procedures are performed in each scenario. If no sling procedure is performed, coding and reimbursement will vary accordingly.
- All rates shown are 2009 Medicare national averages; Actual rates will vary geographically.
- Physician allowances for secondary procedures, when applicable, have been reduced by 50% based on Medicare's *Multiple Surgery Procedure Payment Reductions* policy. The mesh code (57267) will be paid at 100% as an "add-on" code. Private payer reimbursement policies may differ.
- Based on Medicare's Outpatient Prospective Payment System (OPPS), hospital outpatient allowances for secondary procedures and the add-on mesh code have been reduced by 50%. Private payer reimbursement policies may differ.

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Pinnacle[®] Pelvic Floor Repair Kit

Boston
Scientific

Anterior/Apical Mesh Implant
Posterior Mesh Implant

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SCENARIO #1:

Repair of Prolapse with Cystocele – With Mesh

CPT [®] Code	Code Description	Related ICD-9-CM Diagnosis Codes	MD In-Facility Allowed Amount ^{1,2}	Hospital Outpatient Allowed Amount ³
57288	Sling operation for stress incontinence <i>(if performed)</i>	**625.6 or 788.33	\$704	\$2,888
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	618.01 or 618.2 or 618.3	\$312*	\$1,113*
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	618.09 or 618.2 or 618.3 or 618.5	\$243*	\$1,444*
57267***	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site, vaginal approach	618.81	\$261	\$1,113*
TOTAL:			\$1,520	\$6,558

SCENARIO #2:

Repair of Prolapse with Rectocele – With Mesh

CPT [®] Code	Code Description	Related ICD-9-CM Diagnosis Codes	MD In-Facility Allowed Amount ^{1,2}	Hospital Outpatient Allowed Amount ³
57288	Sling operation for stress incontinence <i>(if performed)</i>	**625.6 or 788.33	\$704	\$2,888
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	618.04 or 618.2 or 618.3	\$305*	\$1,113*
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	618.09 or 618.2 or 618.3 or 618.5	\$243*	\$1,444*
57267***	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site, vaginal approach	618.81	\$261	\$1,113*
TOTAL:			\$1,513	\$6,558

*Note: Medicare's Multiple Surgery Procedure Payment Reductions have been applied.

**Note: If the underlying cause of stress urinary incontinence is known and documented, then add additional codes as appropriate (e.g. ISD, hypermobility, or prolapse).

***Note: Code 57267 should be billed for each site repaired using mesh, up to two (2) compartments (anterior and/or posterior).

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MVU9010 REV A

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SCENARIO #3: Repair of Prolapse with Cystocele and Rectocele – With Mesh

CPT® Code	Code Description	Related ICD-9 Diagnosis Codes	MD In-Facility Allowed Amount ^{1,2}	Hospital Outpatient Allowed Amount ³
57260	Combined anteroposterior colporrhaphy	618.01 and 618.04 or 618.2 or 618.3	\$762	\$1,113*
57288	Sling operation for stress incontinence (<i>if performed</i>)	**625.6 or 788.33	\$352*	\$2,888
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	618.09 or 618.2 or 618.3 or 618.5	\$243*	\$1,444*
57267 x 2***	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site, vaginal approach	618.81 and 618.82	\$522	\$2,226*
TOTAL:			\$1,879	\$7,671

SCENARIO #4: Repair of Prolapse with Cystocele, Rectocele and Enterocele – With Mesh

CPT® Code	Code Description	Related ICD-9 Diagnosis Codes	MD In-Facility Allowed Amount ^{1,2}	Hospital Outpatient Allowed Amount ³
57265	Combined anteroposterior colporrhaphy; with enterocele repair	618.01 or 618.04 and 618.6 or 618.2 or 618.3	\$855	\$2,888
57288	Sling operation for stress incontinence (<i>if performed</i>)	**625.6 or 788.33	\$352*	\$1,444*
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	618.09 or 618.2 or 618.3 or 618.5	\$243*	\$1,444*
57267 x 2***	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site, vaginal approach	618.81 and 618.82	\$522	\$2,226*
TOTAL:			\$1,972	\$8,002

*Note: Medicare's Multiple Surgery Procedure Payment Reductions have been applied.

**Note: If the underlying cause of stress urinary incontinence is known and documented, then add additional codes as appropriate (e.g. ISD, hypermobility, or prolapse).

***Note: Code 57267 should be billed for each site repaired using mesh, up to two (2) compartments (anterior and/or posterior).

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

- C-codes are for use by hospital outpatient facilities ONLY.
- As of 1/1/04, Medicare reinstated all pass-through C codes that existed as of December 31, 2002. However, the C codes were reinstated to **improve collection of device cost data, not for payment** of previously eligible medical devices. Hospitals will continue to be paid for outpatient care using ambulatory payment classification (APC) rates based on procedures performed, and not on pass-through codes (C codes).
- It is important to charge appropriately for device-related procedures because hospital's charging practices will determine adequacy of future Medicare outpatient rates. Medicare sets new 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, or revenue center code.

C-code	C-code Description	Devices Impacted
C1762	Connective Tissue, human (includes fascia lata)	Repliform [®] Tissue Regeneration Matrix
C1763	Connective Tissue, non-human (includes synthetic)	Pinnacle Pelvic Floor Repair Kits Uphold [™] Vaginal Support System Xenform [®] Tissue Repair Matrix Polyform [®] Synthetic Mesh
C1771	Repair device, urinary, incontinence, with sling graft	Advantage [®] Transvaginal MUS System Advantage Fit [™] Transvaginal MUS System Lynx [®] Suprapubic MUS System Obtryx [®] Transobturator MUS System Prefyx PPS [™] Pre-Pubic System
C2631	Repair device, urinary, incontinence, without sling graft	Capio [®] OA and Capio CL Suture Capturing Devices

FOOTNOTES:

¹ MD rates calculated using the 2009 conversion factor of \$36.0666. Source: November 19, 2008 Federal Register.

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

³ Source: November 18, 2008 Federal Register.

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