

CPT® Code	CPT Description	2009 Medicare Reimbursement (National Average) ¹			
		Physician ²		Facility	
		MD In-Office Allowed Amount	MD In-Facility Allowed Amount	Hospital Outpatient Allowed Amount ³	ASC Allowed Amount ⁴
PELVIC FLOOR					
Female Incontinence					
Bladder Neck Stabilization/Sling					
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	NA	\$704	\$2,888	\$1,232
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	NA	\$682	\$2,226	\$1,360
Bulking Agents					
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	\$301	\$207	\$2,022	\$866
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control	NA	\$599	\$2,888	NA
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy	NA	\$760	\$2,022	NA
Reconstruction/Concomitant Repair					
57230	Plastic repair of urethrocele	NA	\$377	\$2,226	\$929
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	NA	\$624	\$2,226	\$1,030
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	NA	\$610	\$2,226	\$1,030
57260	Combined anteroposterior colporrhaphy;	NA	\$762	\$2,226	\$1,030
57265	Combined anteroposterior colporrhaphy; with enterocele repair	NA	\$855	\$2,888	\$1,367
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site, vaginal approach	NA	\$261	\$2,226	\$1,165
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	NA	\$470	\$1,307	NA
57268	Repair of enterocele, vaginal approach (separate procedure)	NA	\$456	\$2,226	\$929
57270	Repair of enterocele, abdominal approach (separate procedure)	NA	\$758	NA	NA
57280	Colpopexy, abdominal approach	NA	\$922	NA	NA
57282	Colpopexy, vaginal; extra-peritoneal approach	NA	\$486	\$2,888	NA
57283	Colpopexy, vaginal; intra-peritoneal approach	NA	\$652	\$2,888	NA
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	NA	\$799	\$2,888	NA
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	NA	\$632	\$2,226	NA
57289	Pereyra procedure, including anterior colporrhaphy	NA	\$740	\$2,226	\$1,030
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	NA	\$882	\$2,888	NA
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	NA	\$425	NA	NA
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	NA	\$761	NA	NA

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2009 Procedural Reimbursement Guide
 Select Boston Scientific Women's Health Procedures

2009 Medicare Reimbursement (National Average)¹

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		MD In-Office Allowed Amount	MD In-Facility Allowed Amount	Hospital Outpatient Allowed Amount ³	ASC Allowed Amount ⁴
Endometrial Ablation					
With hysteroscopic guidance					
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	\$1,747	\$332	\$2,421	\$1,392
Without hysteroscopic guidance					
58353	Endometrial ablation, thermal, without hysteroscopic guidance	\$1,073	\$211	\$2,226	\$1,165

¹ "Amount Allowed" 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.

² MD payments calculated using the 2009 conversion factor of \$36.0666. Source: November 19, 2008 Federal Register.

³ Hospital Outpatient payments are 2009 Medicare national averages. Source: November 18, 2008 Federal Register. Actual rates will vary geographically.

⁴ ASC payments are from the 2009 Ambulatory Surgical Center Covered Procedures List - Addendum AA. Source: November 18, 2008 Federal Register.

"NA" in the 2009 "MD In-Office Allowed Amount" column means that there is no in-office differential.

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