

# Mesh & Concomitant Repairs Matrix

## Reimbursement Information

### 2009 CODING & PAYMENT QUICK REFERENCE

#### BACKGROUND

- This billing guide covers coding and payment for common pelvic floor reconstruction procedures.<sup>1</sup>
- Physician allowances for secondary procedures, when applicable, will be reduced by 50% while payment for the add-on mesh code will be paid at 100%.
- Hospital outpatient allowances for both secondary and add-on mesh procedures are reduced by 50%.
- The -59 modifier should only be used when the add-on mesh code is billed more than once.
- All rates shown are 2009 Medicare national averages; Actual rates will vary geographically.

#### MEDICARE PHYSICIAN PAYMENT<sup>2</sup>

Procedure	Primary CPT® Code		Secondary CPT Code (50% shown)		Add-on Mesh CPT Code		Total MD Allowed Amount <sup>3</sup>
<b>Sling</b>	57288	\$704	-	-	-	-	<b>\$704</b>
<b>Anterior Repair without Graft</b>	57240	\$624	-	-	-	-	<b>\$624</b>
<b>Anterior Repair w/Graft</b>	57240	\$624	-	-	57267	\$261	<b>\$885</b>
<b>Posterior Repair without Graft</b>	57250	\$610	-	-	-	-	<b>\$610</b>
<b>Posterior Repair w/Graft</b>	57250	\$610	-	-	57267	\$261	<b>\$871</b>
<b>A &amp; P Repair without Graft</b>	57260	\$762	-	-	-	-	<b>\$762</b>
<b>A &amp; P Repair w/Grafts</b>	57260	\$762	-	-	57267 x 2	\$522	<b>\$1,284</b>
<b>A &amp; P w/Enterocele Repair w/o Graft</b>	57265	\$855					<b>\$855</b>
<b>A &amp; P w/Enterocele Repair w/Graft</b>	57265	\$855			57267 x 2	\$522	<b>\$1,377</b>
<b>Enterocele Repair – vaginal</b>	57268	\$456					<b>\$456</b>
<b>Enterocele Repair w/Graft - vaginal</b>	57268	\$456			57267	\$261	<b>\$717</b>
<b>Paravaginal Repair w/Posterior Graft – open abdominal approach</b>	57284	\$799	57250	\$305	57267	\$261	<b>\$1,365</b>
<b>Paravaginal Repair w/ Posterior Graft- vaginal approach</b>	57285	\$632	57250	\$305	57267	\$261	<b>\$1,198</b>
<b>Anterior Repair w/Graft &amp; Sling</b>	57288	\$704	57240	\$312	57267	\$261	<b>\$1,277</b>
<b>Posterior Repair w/Graft &amp; Sling</b>	57288	\$704	57250	\$305	57267	\$261	<b>\$1,270</b>
<b>A &amp; P Repair w/Grafts &amp; Sling</b>	57260	\$762	57288	\$352	57267 x 2	\$522	<b>\$1,636</b>
<b>A &amp; P w/Enterocele Repair w/Graft &amp; Sling</b>	57265	\$855	57288	\$352	57267 x 2	\$522	<b>\$1,729</b>
<b>Colpopexy w/Graft &amp; Sling</b>	57288	\$704	57282	\$243	57267	\$261	<b>\$1,208</b>

#### GRAFT REVISION/REMOVAL

CPT Code	Code Description	Hospital Outpatient Allowed Amount <sup>3</sup>	MD In-Facility Allowed Amount <sup>3</sup>
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	\$1,307	\$470

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#### MEDICARE HOSPITAL OUTPATIENT PAYMENT<sup>4</sup>

On 1/1/04, Medicare reinstated the C codes that were retired as of 1/1/03, including these codes that apply to pelvic floor repairs. These codes should be added to the hospital's chargemaster to report device costs. **No additional reimbursement will be rendered to the facility.** Medicare is using the reinstated C codes to gather device cost information for future APC rate-setting purposes.

- C2631- Repair device, urinary, incontinence, without sling graft
- C1762- Connective tissue, human (includes fascia lata)
- C1763- Connective tissue, non-human (includes synthetic)
- C1771- Repair device, urinary, incontinence, with sling graft

Procedure	Primary CPT® Code		Secondary CPT Code (50% shown)		Add-on Mesh CPT Code (50% shown)		Total Outpatient Allowed Amount
<b>Sling</b>	57288	\$2,888	-	-	-	-	<b>\$2,888</b>
<b>Anterior Repair without Graft</b>	57240	\$2,226	-	-	-	-	<b>\$2,226</b>
<b>Anterior Repair w/Graft</b>	57240	\$2,226	-	-	57267	\$1,113	<b>\$3,339</b>
<b>Posterior Repair without Graft</b>	57250	\$2,226	-	-	-	-	<b>\$2,226</b>
<b>Posterior Repair w/Graft</b>	57250	\$2,226	-	-	57267	\$1,113	<b>\$3,339</b>
<b>A &amp; P Repair without Graft</b>	57260	\$2,226	-	-	-	-	<b>\$2,226</b>
<b>A &amp; P Repair w/Grafts</b>	57260	\$2,226	-	-	57267 x 2	\$2,226	<b>\$4,452</b>
<b>A &amp; P w/Enterocele Repair w/o Graft</b>	57265	\$2,888					<b>\$2,888</b>
<b>A &amp; P w/Enterocele Repair w/Graft</b>	57265	\$2,888			57267 x 2	\$2,226	<b>\$5,114</b>
<b>Enterocele Repair – vaginal</b>	57268	\$2,226					<b>\$2,226</b>
<b>Enterocele Repair w/Graft - vaginal</b>	57268	\$2,226			57267	\$1,113	<b>\$3,339</b>
<b>Paravaginal Repair w/Posterior Graft – open abdominal approach</b>	57284	\$2,888	57250	\$1,113	57267	\$1,113	<b>\$5,114</b>
<b>Paravaginal Repair w/ Posterior Graft- vaginal approach</b>	57285	\$2,226	57250	\$1,113	57267	\$1,113	<b>\$4,452</b>
<b>Anterior Repair w/Graft &amp; Sling</b>	57288	\$2,888	57240	\$1,113	57267	\$1,113	<b>\$5,114</b>
<b>Posterior Repair w/Graft &amp; Sling</b>	57288	\$2,888	57250	\$1,113	57267	\$1,113	<b>\$5,114</b>
<b>A &amp; P Repair w/Grafts &amp; Sling</b>	57288	\$2,888	57260	\$1,113	57267 x 2	\$2,226	<b>\$6,227</b>
<b>A &amp; P w/Enterocele Repair w/Graft &amp; Sling</b>	57288	\$2,888	57265	\$1,444	57267 x 2	\$2,226	<b>\$6,558</b>
<b>Enterocele Repair w/Graft &amp; Sling</b>	57288	\$2,888	57268	\$1,113	57267 x 2	\$2,226	<b>\$6,227</b>
<b>Colpopexy w/Graft &amp; Sling</b>	57288	\$2,888	57282	\$1,444	57267	\$1,113	<b>\$5,445</b>

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Reimbursement Information

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### MEDICARE AMBULATORY SURGICAL CENTER (ASC) PAYMENT<sup>5</sup>

Procedure	Primary CPT® Code	Secondary CPT Code (50% shown)	Add-on Mesh CPT Code (50% shown)	Total ASC Allowed Amount
<b>Sling</b>	57288 \$1,232	- -	- -	<b>\$1,232</b>
<b>Anterior Repair without Graft</b>	57240 \$1,030	- -	- -	<b>\$1,030</b>
<b>Anterior Repair w/Graft</b>	57240 \$515	- -	57267 <sup>6</sup> \$1,165	<b>\$1,680</b>
<b>Posterior Repair without Graft</b>	57250 \$1,030	- -	- -	<b>\$1,030</b>
<b>Posterior Repair w/Graft</b>	57250 \$515	- -	57267 <sup>6</sup> \$1,165	<b>\$1,680</b>
<b>A &amp; P Repair without Graft</b>	57260 \$1,030	- -	- -	<b>\$1,030</b>
<b>A &amp; P Repair w/Grafts</b>	57260 \$515	- -	57267 <sup>6</sup> x 2 \$1,748	<b>\$2,263</b>
<b>A &amp; P w/Enterocoele Repair w/o Graft</b>	57265 \$1,367			<b>\$1,367</b>
<b>A &amp; P w/Enterocoele Repair w/Graft</b>	57265 \$1,367		57267 x 2 \$1,165	<b>\$2,532</b>
<b>Enterocoele Repair – vaginal</b>	57268 \$929			<b>\$929</b>
<b>Enterocoele Repair w/Graft - vaginal</b>	57268 \$465		57267 <sup>6</sup> \$1,165	<b>\$1,630</b>
<b>Anterior Repair w/Graft &amp; Sling</b>	57288 \$1,232	57240 \$515	57267 \$583	<b>\$2,330</b>
<b>Posterior Repair w/Graft &amp; Sling</b>	57288 \$1,232	57250 \$515	57267 \$583	<b>\$2,330</b>
<b>A &amp; P Repair w/Grafts &amp; Sling</b>	57288 \$1,232	57260 \$515	57267 x 2 \$1,165	<b>\$2,912</b>
<b>A &amp; P w/Enterocoele Repair w/Graft &amp; Sling</b>	57265 \$1,367	57288 \$616	57267 x 2 \$1,165	<b>\$3,148</b>
<b>Enterocoele Repair w/Graft &amp; Sling</b>	57288 \$1,232	57268 \$464	57267 x 2 \$1,165	<b>\$2,861</b>

#### Footnotes

<sup>1</sup> CCI Edits version 14.3

<sup>2</sup> MD rates calculated using the 2009 conversion factor of \$36.0666. Source: November 19, 2008 Federal Register.

<sup>3</sup> "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.

<sup>4</sup> Source: November 18, 2008 Federal Register.

<sup>5</sup> ASC rates are from the 2009 Ambulatory Surgical Center Covered Procedures List – Addendum AA.

Source: November 18, 2008 Federal Register.

<sup>6</sup> In these coding scenarios CPT 57267 will be paid at 100% and the primary procedure will be reduced by 50% as the Medicare allowed amount for the add-on mesh code 57267, is currently higher than the primary procedure in the ASC setting. If 57267 is billed more than once, the first will be paid at 100% and the second will be reduced by 50%.

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