

# Solyx™ Single Incision Sling (SIS) System

Advantage Fit® System

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Obtryx® System

Lynx® System

Prefyx PPS® System

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## Sling Procedure Reimbursement Information 2009 CODING & PAYMENT QUICK REFERENCE

### BACKGROUND

- Medicare has not yet assigned a value to office-based sling procedures but we have unconfirmed reports that some private payers are paying more for office-based sling procedures.
- All rates shown are 2009 Medicare national averages; Actual rates will vary geographically.
- Beginning January 1, 2008, CMS allows separate reimbursement of a paravaginal defect repair (CPT code 57284 or 57285) when billed with a sling procedure (CPT code 57288).

### MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT & ASC PAYMENTS

CPT® Code	Code Description	Hospital Outpatient Allowed Amount <sup>1,2</sup>	ASC Allowed Amount <sup>1,2</sup>	MD In-Facility Allowed Amount <sup>1,3</sup>
57288	Sling operation for stress incontinence (e.g. fascia or synthetic)	\$2,888	\$1,232	\$704

On January 1, 2004, Medicare reinstated the following C codes that were retired as of January 1, 2003 and apply to the sling procedure. These codes should be added to the hospital's chargemaster to report device costs for outpatient procedures only. **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.

### SLING REMOVAL OR REVISION

CPT® Code	Code Description	Hospital Outpatient Allowed Amount <sup>1,2</sup>	ASC Allowed Amount <sup>1,2</sup>	MD In-Facility Allowed Amount <sup>1,3</sup>
57287	Removal or revision of sling for stress incontinence (e.g. fascia or synthetic)	\$2,226	\$1,360	\$668

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### MEDICARE HOSPITAL INPATIENT PAYMENT

ICD-9-CM Procedure Code	ICD-9-CM Diagnosis Code	Possible MS-DRG Assignment <sup>4</sup>
59.4 – Suprapubic sling operation	625.6- Female stress incontinence	748- Female reproductive system reconstructive procedures- \$4,532
59.71 – Levator muscle operation for urethrovesical suspension	599.82- Intrinsic (urethral) sphincter deficiency (ISD)	662- Minor bladder procedures with major complication or comorbidity (MCC) \$15,052 <sup>5</sup>
59.79 – Other repair of urinary stress incontinence	599.81- Urethral hypermobility	663- Minor bladder procedures with complication or comorbidity (CC) \$8,012 <sup>5</sup>
		664- Minor bladder procedures without CC/MCC \$5,509

- The ICD-9 diagnosis codes shown above are most commonly used when documenting the diagnosis of the patient undergoing a sling procedure. When complications or comorbidities are present as a secondary diagnosis, it can affect MS-DRG assignment.
- Some of the most common complications or comorbidities include congestive heart failure (CHF), cardiomyopathy, decubitus ulcer, malnutrition and urinary tract infection.

<sup>1</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>2</sup> Source: November 18, 2008 Federal Register.

<sup>3</sup> MD rates calculated using the 2009 conversion factor of \$36.0666 Source: November 19, 2008 Federal Register.

<sup>4</sup> National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,552.58). Source: October 3, 2008 Federal Register.

<sup>5</sup> The patient's medical record must support the existence and treatment of the complication or comorbidity.

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