

# Solyx® Single Incision Sling (SIS) System

(Advantage Fit® System, Advantage® System, Obtryx® System, Lynx® System and Prefyx PPS® System)

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## 2010 Coding and Quick Reference Guide

**GuidePoint**

Simplifying Reimbursement

**Women's Health**

### 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 2010 Medicare national averages; Actual rates will vary geographically.
- 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.

### MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT & ASC ALLOWED AMOUNTS

CPT® Code	Code Description	Physician <sup>1</sup>	Facility	
		MD In-Facility <sup>2</sup> Allowed Amount	Hospital Outpatient <sup>2,3</sup> Allowed Amount	ASC <sup>2,4</sup> Allowed Amount
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	\$727	\$3,025	\$1,521

- 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 OPPTS in order to improve the claims data used annually to update the OPPTS payment rates. The code below, while no longer paid separately, is 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.
  - **C1771- Repair device, urinary, incontinence, with sling graft**

### SLING REMOVAL OR REVISION

CPT® Code	Code Description	Physician <sup>1</sup>	Facility	
		MD In-Facility <sup>2</sup> Allowed Amount	Hospital Outpatient <sup>2,3</sup> Allowed Amount	ASC <sup>2,4</sup> Allowed Amount
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	\$697	\$2,371	\$1,411

<sup>1</sup>Department of Health and Human Services. Centers for Medicare and Medicaid Services. <http://www.cms.gov/PhysicianFeeSched/>. 2010 National Average Medicare physician payment rates calculated using a 2010 conversion factor \$36.8729 to reflect the June 25, 2010, Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010. Rates effective June 1, 2010 through November 30, 2010 and are subject to change and do not reflect a Sustainable Growth Rate reduction.

<sup>2</sup>"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.

<sup>3</sup>Source: Display date July 2, 2010, CMS Correction Notice CMS-1504-N, "Changes to the Hospital OPPTS and ASC PS for CY 2010 to Reflect the Affordable Care Act"; Addendum A and Addendum B.

<sup>4</sup>ASC rates are from the 2010 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: CMS ASC Payment Rates Addenda Updates "July 2010 ASC Approved HCPCS Code and Payment Rates to Reflect The Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010". [http://www.cms.gov/ASCPayment/11\\_Addenda\\_Updates.asp#TopOfPage](http://www.cms.gov/ASCPayment/11_Addenda_Updates.asp#TopOfPage).

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### BACKGROUND

- The ICD-9 diagnosis codes shown below 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 effect MS-DRG assignment.
- Some of the most common complications or comorbidities include congestive heart failure (CHF), cardiomyopathy, decubitus ulcer, malnutrition and urinary tract infection.
- 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.

### MEDICARE HOSPITAL INPATIENT ALLOWED AMOUNTS

ICD-9-CM Procedure Code	ICD-9-CM Diagnosis Code	Possible MS-DRG Assignment
59.4 – Suprapubic sling operation	625.6 – Stress incontinence, female	748 – Female reproductive system reconstructive procedures \$4,957 <sup>1</sup>
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) \$15,663 <sup>1,2</sup>
59.79 – Other repair of stress incontinence	599.81 – Urethral hypermobility	663 – Minor bladder procedures with complication or comorbidity (CC) \$7,739 <sup>1,2</sup>
		664 – Minor bladder procedures without CC/MCC \$5,753 <sup>1</sup>

<sup>1</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 (\$5,643.58). Source: June 2, 2010, CMS Notice 1406-N, "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Fiscal Year 2010 Rates and to the Long Term Care Hospital Prospective Payment System and Rate Year 2010 Rates: Final Fiscal Year 2010 Wage Indices and Payment Rates Implementing the Affordable Care Act".

<sup>2</sup> The patient's medical record must support the existence and treatment of the complication or comorbidity.

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