

Pelvic Health

2019 Coding & Payment Quick Reference

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.

The following codes are thought to be relevant to Pelvic Health procedures and are referenced throughout this guide.

To determine whether there are relevant C-codes for any Boston Scientific products, please visit our C-code finder at <http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html>.

C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today.

It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform and potentially increase future outpatient hospital payment rates.

CPT [®] Code	Code Description
Pelvic Floor Repair Procedures - Capio™ Slim for Native Tissue Repair or Biologic Graft	
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	Combined anteroposterior colporrhaphy
57265	Combined anteroposterior colporrhaphy; with enterocele repair
57267*	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)
57268	Repair of enterocele, vaginal approach (separate procedure)
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
Sacrocolpopexy with Upsilon™ Y-Mesh	
57280	Colpopexy, abdominal approach
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
Sling Procedure for Female Stress Urinary Incontinence	
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57288	Sling operation for stress incontinence (eg, fascia or synthetic)
Urethral Bulking with Coaptite™ Injectable Implant	
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies

*According to AMA-CPT instruction, use CPT Code 57267 in conjunction with CPT Codes 45560, 57240-57265, 57285

Physician Payment – Medicare

All rates shown are 2019 Medicare national averages; actual rates will vary geographically and/or by individual facility. "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-insurances, etc.

CPT Code	Short Descriptor	MD In-Office Medicare Allowed Amount	MD In-Facility Medicare Allowed Amount	Total Office-Based RVUs	Total Facility-Based RVUs
Pelvic Floor Repair Procedures - Cipro™ Slim for Native Tissue Repair or Biologic Graft					
57240	Anterior repair, cystocele	N/A	\$613	N/A	17.00
57250	Posterior repair, rectocele	N/A	\$614	N/A	17.04
57260	Combined A&P repair	N/A	\$784	N/A	21.76
57265	Combined A&P repair w/ enterocele repair	N/A	\$880	N/A	24.43
57267	Insertion of mesh; vaginal approach	N/A	\$261	N/A	7.25
57268	Repair of enterocele; vaginal approach	N/A	\$502	N/A	13.94
57282	Colpopexy, vaginal; extra-peritoneal approach	N/A	\$525	N/A	14.56
57285	Paravaginal defect repair (including cystocele if performed); vaginal approach	N/A	\$695	N/A	19.28
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	N/A	\$496	N/A	13.77
Sacrocolpopexy with Upsilon™ Y-Mesh					
57280	Colpopexy, abdominal approach	N/A	\$983	N/A	27.27
57425	Laparoscopy, surgical, colpopexy	N/A	\$998	N/A	27.68
Sling Procedure for Female Stress Urinary Incontinence					
57287	Removal or revision of sling for SUI	N/A	\$719	N/A	19.95
57288	Sling operation for SUI	N/A	\$743	N/A	20.63
Urethral Bulking with Coaptite™ Injectable Implant					
51715	Endoscopic injection of implant material into urethra and/or bladder neck	\$327	\$208	9.07	5.76
L8606	Injectable bulking agent, synthetic; 1 mL syringe	\$217/unit	N/A	N/A	N/A

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

Hospital Outpatient and ASC Payment – Medicare

CPT Code	Short Descriptor	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
Pelvic Floor Repair Procedures - Cipro™ Slim for Native Tissue Repair or Biologic Graft			
57240	Anterior repair, cystocele	\$4,126	\$1,846
57250	Posterior repair, rectocele	\$4,126	\$1,846
57260	Combined A&P repair	\$4,126	\$1,846
57265	Combined A&P repair w/ enterocele repair	\$4,126	\$1,846
57267	Insertion of mesh; vaginal approach	N/A	N/A
57268	Repair of enterocele; vaginal approach	\$2,361	\$1,157
57282	Colpopexy, vaginal; extra-peritoneal approach	\$6,344	N/A
57285	Paravaginal defect repair (including cystocele if performed); vaginal approach	\$6,344	N/A
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	\$2,361	\$1,157
Sacrocolpopexy with Upsilon™ Y-Mesh			
57280	Colpopexy, abdominal approach	N/A	N/A
57425	Laparoscopy, surgical, colpopexy	\$7,742	N/A

Hospital Outpatient and ASC Payment – Medicare (cont'd)

CPT Code	Short Descriptor	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
Sling Procedure for Female Stress Urinary Incontinence			
57287	Removal or revision of sling for SUI	\$2,361	\$1,157
57288	Sling operation for SUI	\$4,126	\$2,474
Urethral Bulking with Coaptite™ Injectable Implant			
51715	Endoscopic injection of implant material into urethra and/or bladder neck	\$2,927	\$1,799
L8606	Injectable bulking agent, synthetic; 1 mL syringe	N/A	N/A

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

Hospital Inpatient Payment – Medicare

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

Possible MS-DRG Assignment	Description	Reimbursement
662	Minor bladder procedures with major complication or comorbidity (MCC)	\$19,419
663	Minor bladder procedures with complication or comorbidity (CC)	\$10,021
664	Minor bladder procedures without CC/MCC	\$7,244
748	Female reproductive system reconstructive procedures	\$7,905

The patient's medical record must support the existence and treatment of the complication or comorbidity.

ICD-10 CM Diagnosis Codes

ICD-10 CM Diagnosis Code	Description
Sling Procedure for Female Stress Urinary Incontinence and Urethral Bulking with Coaptite™ Injectable Implant	
N36.41	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N39.3	Stress incontinence, female
Pelvic Floor Repair Procedures - Capiro™ Slim for Native Tissue Repair or Biologic Graft or Sacrocolpopexy with Upsilon™ Y-Mesh	
N81.0	Urethrocele
N81.10	Cystocele, unspecified
N81.11	Cystocele, midline
N81.12	Cystocele, lateral
N81.2	Incomplete uterovaginal prolapse
N81.3	Complete uterovaginal prolapse
N81.4	Uterovaginal prolapse, unspecified
N81.5	Vaginal enterocele
N81.6	Rectocele
N81.89	Other female genital prolapse
N99.3	Prolapse of vaginal vault after hysterectomy

ICD-10 PCS Procedure Codes

ICD-10 PCS Procedure Code	Description
Pelvic Floor Repair Procedures - Cipro™ Slim for Native Tissue Repair or Biologic Graft or Sacrocolpopexy with Upsilon™ Y-Mesh	
OJUC07Z	Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Open Approach
OJUC0JZ	Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Synthetic Substitute, Open Approach
OJUC0KZ	Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Open Approach
OJQC0ZZ	Repair Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
OUSG0ZZ	Reposition Vagina, Open Approach
OUG07Z	Supplement Vagina with Autologous Tissue Substitute, Open Approach
OUG0JZ	Supplement Vagina with Synthetic Substitute, Open Approach
OUG0KZ	Supplement Vagina with Nonautologous Tissue Substitute, Open Approach
OUCF0ZZ	Repair Cul-de-sac, Open Approach
OUCF07Z	Supplement Cul-de-sac with Autologous Tissue Substitute, Open Approach
OUCF0JZ	Supplement Cul-de-sac with Synthetic Substitute, Open Approach
OUCF0KZ	Supplement Cul-de-sac with Nonautologous Tissue Substitute, Open Approach
OUPH07Z	Removal of Autologous Tissue Substitute from Vagina and Cul-de-sac, Open Approach
OUPH0JZ	Removal of Synthetic Substitute from Vagina and Cul-de-sac, Open Approach
OUPH0KZ	Removal of Nonautologous Tissue Substitute from Vagina and Cul-de-sac, Open Approach
OUWH07Z	Revision of Autologous Tissue Substitute in Vagina and Cul-de-sac, Open Approach
OUWH0JZ	Revision of Synthetic Substitute in Vagina and Cul-de-sac, Open Approach
OUWH0KZ	Revision of Nonautologous Tissue Substitute in Vagina and Cul-de-sac, Open Approach
OUG47Z	Supplement Vagina with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
OUG4JZ	Supplement Vagina with Synthetic Substitute, Percutaneous Endoscopic Approach
OUG4KZ	Supplement Vagina with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OUSG4ZZ	Reposition Vagina, Percutaneous Endoscopic Approach
Sling Procedure for Female Stress Urinary Incontinence	
OTSC0ZZ	Reposition Bladder Neck, Open Approach
OTUC07Z	Supplement Bladder Neck with Autologous Tissue Substitute, Open Approach
OTUC0KZ	Supplement Bladder Neck with Nonautologous Tissue Substitute, Open Approach
OTUC47Z	Supplement Bladder Neck with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
OTUC4KZ	Supplement Bladder Neck with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OTPD07Z	Removal of Autologous Tissue Substitute from Urethra, Open Approach
OTPD0JZ	Removal of Synthetic Substitute from Urethra, Open Approach
OTPD0KZ	Removal of Nonautologous Tissue Substitute from Urethra, Open Approach
OTWD07Z	Revision of Autologous Tissue Substitute in Urethra, Open Approach
OTWD0JZ	Revision of Synthetic Substitute in Urethra, Open Approach
OTWD0KZ	Revision of Nonautologous Tissue Substitute in Urethra, Open Approach

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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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.

Physician payment rates are 2019 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule – November 2018 release, CMS-1693-F file. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>.

The 2019 National Average Medicare physician payment rates have been calculated using a 2019 conversion factor of \$36.0391. Rates subject to change.

Hospital outpatient payment rates are 2019 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – January 2019 release, CMS-1695-FC file. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>.

ASC payment rates are 2019 Medicare ASC Addendum AA national averages. ASC rates are from the 2018 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC – January 2019 release, CMS-1695-FC file. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>.

National average (wage index greater than one and hospital submitted quality data and is a meaningful HER user) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts (\$6,109.24). Source: August 2, 2018 Federal Register, CMS-1694-FR. FY 2019 rates.

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v36.0 Definitions Manual. Source: https://www.cms.gov/ICD10Manual/version36-fullcode-cms/fullcode_cms/P0001.html

Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2019.

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Effective: 1JAN2019
Expires: 31DEC2019
MS-DRG Rates Expire: 30SEP2019
WH-445009-AD SEP 2019