

2012 Hospital Coding Guide

Women's Health - Common Coding and Payment

This coding reference guide is intended to illustrate the common coding and payment groups for female health procedures and concomitant repairs. This guide is limited to female health procedures performed in the hospital outpatient and hospital inpatient site-of-service. A companion physician coding guide is also available.

Hospital Outpatient Coding and Payment

Effective January 1, 2012 - December 31, 2012

CPT®/ HCPCS Code	Code Description	APC	Medicare Base Rate
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	168	\$2,260.59
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	156	223.01
51726	Complex cystometrogram (ie, calibrated electronic equipment)	156	223.01
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	126	\$77.60
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	164	\$136.38
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	164	\$136.38
51840	Anterior vesicourethropexy, or urethropexy (eg, MMK, Burch; simple)	Inpatient procedure	
51841	Anterior vesicourethropexy, or urethropexy (eg, MMK, Burch; complicated (eg, secondary repair)	Inpatient procedure	
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	202	\$3,218.17
52000	Cystourethroscopy (separate procedure)	160	\$473.76
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	168	\$2,260.59
57230	Plastic repair of urethrocele	195	\$2,520.82
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	195	\$2,520.82
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	195	\$2,520.82
57260	Combined anteroposterior colporrhaphy	195	\$2,520.82
57265	Combined anteroposterior colporrhaphy with enterocele repair	202	\$3,218.17
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)	195	\$2,520.82
57270	Repair of enterocele, abdominal approach (separate procedure)	Inpatient procedure	
57280	Colpopexy, abdominal approach	Inpatient procedure	
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach (Do not report 57285 in conjunction with 51990, 57240, 57260, 57265, 58267)	202	\$3,218.17
57287	Removal or revision of sling for stress incontinence (eg fascia or synthetic)	195	\$2,520.82
57288	Sling operation for stress incontinence (eg fascia or synthetic)	202	\$3,218.17
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	193	\$1,444.21
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Inpatient procedure	
57300	Closure of rectovaginal fistula; vaginal or transanal approach	195	\$2,520.82
57305	Closure of rectovaginal fistula; abdominal approach	Inpatient procedure	
57310	Closure of urethrovaginal fistula	202	\$3,218.17
57320	Closure of vesicovaginal fistula; vaginal approach	195	\$2,520.82
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	195	\$2,520.82
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	202	\$3,218.17
57425	Laparoscopy, surgical, colpopexy	131	\$3,358.35
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	193	\$1,444.21
57289	Pereyra procedure, including anterior colporrhaphy	195	\$2,520.82
C1762	Connective tissue, human (includes fascia lata)	Packaged into APC rates	
C1763	Connective tissue, non-human (includes synthetic)	Packaged into APC rates	
C1771	Repair device, urinary, incontinence, with sling graft	Packaged into APC rates	
C2631	Repair device, urinary, incontinence, without sling graft	Packaged into APC rates	
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	Packaged into APC rates	
L8699	Prosthetic Implant, not otherwise specified	For private insurance, follow payer claims reporting instructions.	

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The Centers for Medicare and Medicaid Services (CMS) utilizes the Medicare Severity DRG (MS-DRG) classification system (Version 27 Grouper) to differentiate severity of illness among patients. The MS-DRG system subdivides MS-DRG sets based on the presence or absence of Major Complications or Comorbid conditions (MCCs) and Complications or Comorbid conditions (CCs). Coding patients to the highest level of specificity is critical to appropriate MS-DRG assignment.

Hospital Inpatient ICD-9-CM Procedure Coding

Procedure Code	Code Description	Procedure Code	Code Description
59.4	Suprapubic sling operation	70.55	Repair of rectocele with graft or prosthesis
59.5	Retropubic urethral suspension	70.77	Vaginal suspension and fixation
59.6	Paraurethral suspension	70.78	Vaginal suspension and fixation with graft or prosthesis
59.71	Levator muscle operation for urethrovaginal suspension	70.92	Other operations on cul-de-sac
59.79	Other repair of urinary stress incontinence	70.93	Other operations on cul-de-sac with graft or prosthesis
70.50	Repair of cystocele and rectocele	70.94	Insertion of biological graft
70.51	Repair of cystocele	70.95	Insertion of synthetic graft or prosthesis
70.52	Repair of rectocele	70.64	Vaginal reconstruction with graft or prosthesis
70.53	Repair of cystocele and rectocele with graft or prosthesis	70.79	Other repair of vagina
70.54	Repair of cystocele with graft or prosthesis		

2011 Hospital Inpatient Payment

Effective October 1, 2011 to September 30, 2012

MS-DRG	Description	2012 Base Rate
329	Major small & large bowel procedures w/MCC	\$29,488
330	Major small & large bowel procedures w/CC	\$14,424
331	Major small & large bowel procedures w/o CC/MCC	\$9,084
662	Minor bladder procedures w/MCC	\$16,841
663	Minor bladder procedures w/CC	\$8,219
664	Minor bladder procedures w/o CC/MCC	\$6,184
653	Major bladder procedures w/MCC	\$34,023
654	Major bladder procedures w/CC	\$16,783
655	Major bladder procedure w/o CC/MCC	\$10,927
748	Female reproductive system reconstructive procedures	\$5,120

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SOURCES:

42 CFR Parts 410, 411 412 et al. Medicare Program; Hospital Outpatient Prospective Payment System and CY2012 Payment Rates, Final Rule, November 30, 2011

42 CFR Parts 412, 413, 415, et al. Medicare program, Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2012 Rates, Final Rule, 08/01/2011

2012 ICD-9 CM for Hospitals, Volumes 1, 2, & 3, Professional Edition

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CMS List of Pass Through Payment Device Category Codes found at www.cms.hhs.gov/hospital/outpatientpps.