

**Apogee®**

Vaginal Vault &amp; Posterior Prolapse Repair System

**Elevate®**

Prolapse Repair System

**Perigee®**

Transobturator Anterior Prolapse Repair System

**Straight In™**

Sacral Colpopexy System

**2009 MOST COMMONLY BILLED CODES**

- 45560** Repair of rectocele (separate procedure)
- 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
- 57268** Repair of enterocele, vaginal approach (separate procedure)
- 57280** Colpopexy, abdominal approach
- 57282** Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliooccygeus)
- 57283** Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
- 57284** Paravaginal defect repair (including repair of cystocele, if performed) abdominal approach
- 57285** Paravaginal defect repair (including repair of cystocele, if performed) vaginal approach
- 57295** Revision (including removal) of prosthetic vaginal graft; vaginal approach
- 57425** Laparoscopy, surgical, colpopexy, (suspension of vaginal apex)
- 58999** Unlisted procedure, female genital system (nonobstetrical)

	Physician			ASC	Device	Global
	CPT	RVU	Payment*	Payment	Payment	Days
<b>Ambulatory Surgery Center</b>	45560	18.07	\$652	\$844	Payment for device included in global ASC payment	90
	57240	17.29	\$624	\$1,030		90
	57250	16.92	\$610	\$1,030		90
	57260	21.14	\$762	\$1,030		90
	57265	23.40	\$844	\$1,367		90
	†57267	7.23	\$261	\$1,165		N/A
	57268	12.65	\$456	\$929	Not currently on the Medicare list of approved procedures for the ASC	90
	57280	25.56	\$922			90
	57282	13.48	\$486			90
	57283	18.07	\$652			90
	57284	22.14	\$798			90
	57285	17.51	\$632			90
	57295	13.03	\$470			90
	57425	25.80	\$931			90
	58999	N/A	N/A**			N/A

\*Medicare physician reimbursement rate is calculated using the 2009 conversion factor of \$36.0666 and is adjusted for budget neutrality

\*\*Reimbursement for an unlisted procedure code is derived from the charge, medical necessity and documentation submitted. Proper documentation should accurately describe the patient specific data, service time, complexity and comparable charges.

†Add-on code 57267 is only to be used with CPT 45560, 57240-57265, 57285 and is exempt from the multiple procedure discount

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	Physician			Outpatient Hospital		Device	
	CPT	RVU	Payment	APC	Payment	HCPCS	Payment
<b>Hospital Outpatient</b>	45560	18.07	\$652	150	\$2,050	C1781 or C1763	C1781 (Mesh, implantable) C1763 (Connective tissue, non- human) (includes synthetic) Payment for device included in global APC payment
	57240	17.29	\$624	195	\$2,226		
	57250	16.92	\$610	195	\$2,226		
	57260	21.14	\$762	195	\$2,226		
	57265	23.40	\$844	202	\$2,888		
	†57267	7.23	\$261	195	\$2,226		
	57268	12.65	\$456	195	\$2,226		
	57280	25.56	\$922	Inpatient Only			
	57282	13.48	\$486	202	\$2,888	C1781 or C1763	C1781 (Mesh, implantable) C1763 (Connective tissue, non- human) (includes synthetic) Payment for device included in global APC payment
	57283	18.07	\$652	202	\$2,888		
	57284	22.14	\$798	202	\$2,888		
	57285	17.51	\$632	195	\$2,226		
	57295	13.03	\$470	193	\$1,307		
	57425	25.80	\$931	130	\$2,503		
58999	N/A	N/A**	191	\$8			

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**2009 MOST COMMONLY BILLED CODES**

	Physician			Inpatient Hospital			Device
	CPT	RVU	Payment	Possible MS-DRG for all CPT Codes*		Payment**	Payment
Hospital Inpatient	45560	18.07	\$652	329	Major Small and Large Bowel Procedures w/MCC	\$28,667	Payment for device included in global MS-DRG payment
	57240	17.29	\$624				
	57250	16.92	\$610	330	Major Small and Large Bowel Procedures w/CC	\$14,198	
	57260	21.14	\$762				
	57265	23.40	\$844	331	Major Small and Large Bowel Procedures w/o CC/MCC	\$9,002	
	†57267	7.23	\$261				
	57268	12.65	\$456	653	Major Bladder Procedures w/ MCC	\$32,266	
	57280	25.56	\$922	654	Major Bladder Procedures w/ CC	\$16,321	
	57282	13.48	\$486	655	Major Bladder Procedures w/o CC/MCC	\$11,234	
	57283	18.07	\$652	662	Minor Bladder Procedures w/ MCC	\$15,041	
	57284	22.14	\$798	663	Minor Bladder Procedures w/ CC	\$8,006	
	57285	17.51	\$632	664	Minor Bladder Procedures w/o CC/MCC	\$5,505	
	57295	13.03	\$470	748	Female Reproductive System Reconstructive Procedures	\$4,592	
	57425	25.80	\$931				
	58999	N/A	N/A**				

\*Complications and Comorbidities: CMS developed a standard list of diagnoses that are recognized as CCs for MS-DRGs. When a CC is present as a secondary diagnosis, it may affect the MS-DRG assignment.

\*\*These averages are calculated by multiplying the current relative weight of the MS-DRG by the national average hospital Medicare base rate and this includes the capital rate.

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**AMS**  
*Solutions for Life®***2009 MOST COMMONLY BILLED CODES**

ICD-9-CM Diagnostic Coding Options	
<b>618.00</b>	Unspecified prolapse of vaginal walls without mention of uterine prolapse
<b>618.01</b>	Cystocele without mention of uterine prolapse, midline
<b>618.02</b>	Cystocele without mention of uterine prolapse, lateral
<b>618.04</b>	Rectocele without mention of uterine prolapse
<b>618.5</b>	Prolapse of vaginal vault after hysterectomy
<b>618.6</b>	Vaginal enterocele, congenital or acquired
<b>618.9</b>	Unspecified genital prolapse

ICD-9-CM Procedural Coding Options	
<b>70.50</b>	Repair of cystocele and rectocele
<b>70.51</b>	Repair of cystocele-anterior colporrhaphy (with urethrocele repair)
<b>70.52</b>	Repair of rectocele-posterior colporrhaphy
<b>70.53</b>	Repair of cystocele and rectocele with graft or prosthesis
<b>70.54</b>	Repair of cystocele with graft or prosthesis
<b>70.55</b>	Repair of rectocele with graft or prosthesis
<b>70.63</b>	Vaginal construction with graft or prosthesis
<b>70.64</b>	Vaginal reconstruction with graft or prosthesis
<b>70.77</b>	Vaginal suspension and fixation
<b>70.78</b>	Vaginal suspension and fixation with graft or prosthesis
<b>70.79</b>	Other repair of vagina
<b>70.93</b>	Other operations on cul-de-sac with graft or prosthesis
<b>70.94</b>	Insertion of biological graft
<b>70.95</b>	Insertion of synthetic graft or prosthesis

**Disclaimer:** While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. can not guarantee reimbursement for any procedure or product. It is the responsibility of the medical provider to contact payers for specific coverage and billing/coding policies as well as update the information described herein. Reimbursement rates quoted are 2009 Medicare national averages.

**Coding Resources:**

1. CPT 2009. Current Procedural Terminology. Professional Edition. CPT is a trademark of the American Medical Association
2. ICD-9-CM for Hospitals—Vol. 1, 2, 3 Updatable Expert 2009. Ingenix, Inc. Salt Lake City, UT
3. HCPCS Level II Expert 2009. Healthcare Common Procedure Coding System. American Medical Association, Ingenix, Inc. Salt Lake City, UT
4. DRG Expert 2009. Ingenix, Inc. Salt Lake City, UT
5. Federal Register, Vol. 73, No. 223, Nov. 19, 2008
6. Federal Register, Vol. 73, No. 161, Aug. 19, 2008
7. Federal Register, Vol. 73, No. 224, Nov. 19, 2008