

# Frequently Asked Questions

**APOGEE®**  
**ELEVATE®**  
**PERIGEE®**  
**STRAIGHT-IN™**

## 1) What CPT® codes are reported for a pelvic prolapse repair procedure that includes the use of the Apogee®, Elevate® and/or Perigee® systems?

- The Apogee® repair system is used during a procedure to repair vaginal vault prolapse and/or rectoceles and enteroceles. CPT® codes that appropriately describe repair of a rectocele, an enterocele, or colpopexy should be reported.
- The Elevate® Apical & Posterior repair system is also used for vaginal vault prolapse, rectocele, and enterocele repairs. CPT® codes that appropriately describe repair of a rectocele, enterocele, or colpopexy should be reported.
- The Perigee® repair system is used during a procedure to repair a cystocele. CPT® codes that describe cystocele repair procedures should be reported.
- If multiple procedures are performed during the same operative session, select the appropriate code or combination of codes that describe all of the repair procedures that were performed.

## 2) Can CPT® +57267 (Insertion of Mesh) be reported separately when performing a prolapse repair?

In most cases, CPT® +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)) may be billed when a cystocele or rectocele repair is done. However, there are some restrictions: CPT® +57267

- Is by definition an add-on code. It can only be reported with a primary CPT® code (**45560, 57240–57265, 57285**) and therefore should not be billed with a modifier.
- Should be reported twice if mesh is inserted during an operative session that includes both a cystocele and a rectocele repair.

## 3) If a cystocele repair is performed, what CPT® code(s) should be reported?

CPT® code 57240 is reported for the treatment of anterior vaginal wall prolapse, cystocele, urethrocele or combined cystourethrocele. If mesh is inserted during the same operative session, it would be appropriate to also report CPT® 57267 (Insertion of mesh).

Procedure	Primary Code	Secondary Code	Can CPT® 57267 be billed in addition?
Sling Operations	57288		No
Cystocele repair w/mesh	57240		Yes
Sling, cystocele repair w/mesh	57288	57240	Yes
Paravaginal defect repair (abdominal approach)	57284		No
Paravaginal defect repair (vaginal approach)	57285		Yes
Rectocele repair w/mesh	57250		Yes
Rectocele & cystocele repair w/mesh	57260		Yes X 2
Sling, rectocele & cystocele repair w/mesh	57288	57260	Yes X 2
Paravaginal defect repair, rectocele repair w/mesh	57285	57250	Yes X 1
Sling, rectocele repair w/mesh	57288	57250	Yes X 1
Colpopexy, vaginal, extra-peritoneal	57282		No
Colpopexy, vaginal, intra-peritoneal	57283		No
Colpopexy, vaginal, extra-peritoneal, cystocele & rectocele repair, sling	57288	57282 57260	Yes X 2

Effective 1/1/2008, CPT® code 57285 (Paravaginal defect repair (including repair of cystocele, if performed; vaginal approach)), was added. The new code differs in the approach used (open abdominal/vaginal). When reporting this procedure, use the code that best describes the procedures being performed.

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## 4) Is prior authorization or pre-certification necessary for prolapse procedures?

As a rule, Medicare does not require prior authorization for any procedure. Commercial or private insurance carriers (e.g., Aetna, Blue Cross, etc.) and some Medicare supplemental plans may require a prior authorization or pre-certification for surgical procedures. Therefore, it is recommended that you check with insurers (primary and secondary) to verify coverage and pre-certification requirements prior to performing any procedure.

## 5) What information should be included in the operative notes to assist the coding staff in selecting the code(s) that appropriately describe the procedure performed?

The operative report should include the following:

- The exact procedure(s) performed (e.g., cystocele repair, rectocele repair, colpopexy and incontinence sling insertion). Do not refer to Apogee®, Elevate®, or Perigee® as procedures as they are products.
- The exact placement of the mesh and location of the anchoring points.
- The diagnosis/condition or reason why the procedure was performed (supporting medical necessity). If patient has Stress Urinary Incontinence (SUI) related to urethral hypermobility or Intrinsic Sphincter Deficiency (ISD), it is important to document the condition in the notes.
- Complications and comorbidities should be clearly stated.

## 6) How much do Medicare and commercial payers pay for prolapse procedures?

The Centers for Medicare and Medicaid Services (CMS) publishes the Medicare payment rates for physicians, hospitals and ambulatory surgery centers. Payment information may be accessed via the CMS website—<http://www.cms.hhs.gov> and navigating to the appropriate provider center. Fee schedules for commercial payers are contract driven and considered proprietary information. Fee schedules may be based on a percentage of Medicare, discounted charges, capitation or some other method. If a provider has not contracted with a particular payer, reimbursement is typically made at U & C (usual and customary) or billed amount. Before performing any new procedures, contact the individual payer to obtain the fee schedule amounts and any requirements pertaining to prior authorization or referrals.

## 7) Are prolapse procedures payable in the Ambulatory Surgery Center (ASC)?

Yes. As of January 2008, Medicare will pay for services provided in ASCs using a payment system based on the hospital outpatient prospective payment system (OPPS).

- Some pelvic prolapse repair procedures are payable in the ASC. Payment rules vary depending on the procedure and if it is listed on the Medicare ASC approved list. CPT 45560, 57240, 57250, 57260, 57265, 57267 and 57268 are all currently on the Medicare ASC approved list.
- CPT 57280, 57282, 57283, 57284, 57285, 57295 and 57245 are not on the Medicare ASC approved list.

A complete list of procedures that are payable in an ASC can be found at:  
<http://www.cms.hhs.gov/ASCPayment>.

**Disclaimer:** While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. can not guarantee reimbursement for any product or procedure. Providers should report the codes that accurately describe the products and procedures furnished and the patient's medical condition. Providers should contact their payers if they have questions or need specific co-payment, coverage and billing/coding policies as well as to update the information described herein.

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### Coding Resources:

1. CPT 2009. Current Procedural Terminology, Professional Edition. American Medical Association, Chicago, IL
2. Expert 2009: HCPCS Level II. Healthcare Common Procedure Coding System. American Medical Association. Ingenix, Salt Lake City, UT
3. EncoderPro.com. Ingenix, Inc. 2009, Salt Lake City, UT