

Coding for Sling Operations, Sling Revision and Urethrolisis

Sling procedures are performed for the treatment of stress urinary incontinence stress urinary incontinence (SUI) in women. These codes are applicable to all types of sling procedures, including autologous tissue, biologic graft, or synthetic mesh slings, placed at either the bladder neck or mid-urethra. They include all current approaches such as retropubic, trans-obturator and single incision.

Current CPT Codes for Reporting Sling Procedures:

CPT code 57288 *Sling operation for stress incontinence (fascia or synthetic)*

CPT code 57287 *Removal or revision of sling for stress incontinence (fascia or synthetic)*

CPT code 51992 *Laparoscopic sling operation of stress incontinence (fascia or synthetic)*

CPT code 53500 *Urethrolisis, travsvaginal, secondary, open, including cystourethroscopy*

CPT codes and RVU table from 2021 National Physician Fee Schedule:

CPT code	Description	Work RVU	Total RVU's (Facility)
57288	Sling operation for SUI (fascia or synthetic)	12.13	21.79
57287	Removal or revision of sling for SUI (fascia or synthetic)	11.15	21.64
51992	Laparoscopic sling operation for stress incontinence	14.87	24.51
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy	13.00	21.93

Last Updated by the AUGS Coding and Reimbursement Committee in 2021.

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Billing Tips:

Both CPT codes 57287 and 57288 have a 90-day global period. Should a sling revision be surgically necessary during this global period, be sure to use an appropriate modifier, such as -78, as this is an unplanned return to the operating room (OR) for a related procedure.

Revision of sling, CPT code 57287, includes replacement of a sling (57288) when performed on the same date of service. It doesn't matter if the new sling uses a different approach – e.g. autologous sling following revision of the mid urethral sling.

Report CPT code 10120 Incision and removal of foreign body, subcutaneous tissue- simple with a -78 modifier (unplanned return to OR / procedure room if the mesh extrusion is treated in the office) by the same physician or other qualified healthcare physician if extrusion occurs in the 90-day global period.

Report CPT code 53500 *urethrolysis, transvaginal, secondary, open, including cystourethroscopy* if periurethral adhesiolysis is being performed for a separate diagnosis/indication such as postsurgical obstruction due to scarring. This code is used to report removal of scar tissue surrounding the urethra and mobilization of the urethra through lysis of adhesions. If the sling itself is revised, removed or cut, the most appropriate code to use is 57287. The urethrolysis code should only be used in the same setting if the urethrolysis is done for a reason separate from and independent of the revision or removal of the sling. If the urethrolysis is simply part of the sling revision, it is included in that code, and should not be reported separately.

Cystoscopy, CPT code 52000, when routinely performed to exclude bladder or urethral injury cannot be reported separately.

If a fascial graft is harvested for a fascial sling report CPT code 15769 (rectus fascia), 20920 (fascia lata via stripper), or 20922 (fascia lata by incision and area exposure) depending on your site and method of fascial harvest.

Coding Pitfalls:

CPT code 53899 *Urethrolysis of periurethral scar tissue after a retropubic urethropexy* - Burch, should only be used for urethrolysis by a retropubic approach.

Typically, cystoscopy at the time of a sling revision is not separately reimbursed. However, in circumstances where the cystoscopy is performed for a separate indication and/or separate diagnosis, 52000 can be reported with the appropriate modifier.

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The global service includes postoperative visits to remove or replace bladder catheters.

References:

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- Medicare Physician Fee Schedule: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

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