

Pelvic Health

2018 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.

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>.

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

CPT® Code	Code Description
Pelvic Floor Repair Procedures - Transvaginal	
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 **2018 Medicare national averages**; actual rates will vary geographically and/or by individual facility.

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 - Transvaginal					
57240	Anterior repair, cystocele	N/A	\$604	N/A	16.77
57250	Posterior repair, rectocele	N/A	\$606	N/A	16.84
57260	Combined A&P repair	N/A	\$777	N/A	21.58
57265	Combined A&P repair w/ enterocele repair	N/A	\$873	N/A	24.24
57267	Insertion of mesh; vaginal approach	N/A	\$262	N/A	7.29
57268	Repair of enterocele; vaginal approach	N/A	\$494	N/A	13.71
57282	Colpopexy, vaginal; extra-peritoneal approach	N/A	\$511	N/A	14.19
57285	Paravaginal defect repair (including cystocele if performed); vaginal approach	N/A	\$687	N/A	19.08
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	N/A	\$488	N/A	13.55
Sacrocolpopexy with Upsilon™ Y-Mesh					
57280	Colpopexy, abdominal approach	N/A	\$974	N/A	27.06
57425	Laparoscopy, surgical, colpopexy	N/A	\$990	N/A	27.50
Sling Procedure for Female Stress Urinary Incontinence					
57287	Removal or revision of sling for SUI	N/A	\$699	N/A	19.43
57288	Sling operation for SUI	N/A	\$734	N/A	20.40
Urethral Bulking with Coaptite™ Injectable Implant					
51715	Endoscopic injection of implant material into urethra and/or bladder neck	\$302	\$209	8.38	5.80
L8606	Injectable bulking agent, synthetic; 1 mL syringe	\$211/unit	N/A	N/A	N/A

N/A: 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 - Transvaginal			
57240	Anterior repair, cystocele	\$4,112	\$1,839
57250	Posterior repair, rectocele	\$4,112	\$1,839
57260	Combined A&P repair	\$4,112	\$1,839
57265	Combined A&P repair w/ enterocele repair	\$4,112	\$1,839
57267	Insertion of mesh; vaginal approach	N/A	N/A
57268	Repair of enterocele; vaginal approach	\$2,273	\$1,122
57282	Colpopexy, vaginal; extra-peritoneal approach	\$6,287	N/A
57285	Paravaginal defect repair (including cystocele if performed); vaginal approach	\$6,287	N/A
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	\$2,273	\$1,122
Sacrocolpopexy with Upsilon™ Y-Mesh			
57280	Colpopexy, abdominal approach	N/A	N/A
57425	Laparoscopy, surgical, colpopexy	\$7,595	N/A
Sling Procedure for Female Stress Urinary Incontinence			
57287	Removal or revision of sling for SUI	\$2,273	\$1,122
57288	Sling operation for SUI	\$4,112	\$1,839
Urethral Bulking with Coaptite™ Injectable Implant			
51715	Endoscopic injection of implant material into urethra and/or bladder neck	\$2,697	\$1,206
L8606	Injectable bulking agent, synthetic; 1 mL syringe	N/A	N/A

N/A: Medicare has not deemed this procedure to be reimbursable in this setting.

Hospital Inpatient Payment – Medicare

Possible MS-DRG Assignment	Description	Reimbursement
662	Minor bladder procedures with major complication or comorbidity (MCC)	\$18,363
663	Minor bladder procedures with complication or comorbidity (CC)	\$10,734
664	Minor bladder procedures without CC/MCC	\$7,756
748	Female reproductive system reconstructive procedures	\$7,638

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 - Transvaginal Mesh 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 - Transvaginal Mesh or Sacrocolpopexy with Upsilon™ Y-Mesh	
0JUC07Z	Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Open Approach
0JUC0JZ	Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Synthetic Substitute, Open Approach
0JUC0KZ	Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Open Approach
0JQC0ZZ	Repair Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0USG0ZZ	Reposition Vagina, Open Approach
0UUG07Z	Supplement Vagina with Autologous Tissue Substitute, Open Approach
0UUG0JZ	Supplement Vagina with Synthetic Substitute, Open Approach
0UUG0KZ	Supplement Vagina with Nonautologous Tissue Substitute, Open Approach
0UQF0ZZ	Repair Cul-de-sac, Open Approach
0UUF07Z	Supplement Cul-de-sac with Autologous Tissue Substitute, Open Approach
0UUF0JZ	Supplement Cul-de-sac with Synthetic Substitute, Open Approach
0UUF0KZ	Supplement Cul-de-sac with Nonautologous Tissue Substitute, Open Approach
0UPH07Z	Removal of Autologous Tissue Substitute from Vagina and Cul-de-sac, Open Approach
0UPH0JZ	Removal of Synthetic Substitute from Vagina and Cul-de-sac, Open Approach
0UPH0KZ	Removal of Nonautologous Tissue Substitute from Vagina and Cul-de-sac, Open Approach
0UWH07Z	Revision of Autologous Tissue Substitute in Vagina and Cul-de-sac, Open Approach
0UWH0JZ	Revision of Synthetic Substitute in Vagina and Cul-de-sac, Open Approach
0UWH0KZ	Revision of Nonautologous Tissue Substitute in Vagina and Cul-de-sac, Open Approach
0UUG47Z	Supplement Vagina with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG4JZ	Supplement Vagina with Synthetic Substitute, Percutaneous Endoscopic Approach
0UUG4KZ	Supplement Vagina with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0USG4ZZ	Reposition Vagina, Percutaneous Endoscopic Approach
Sling Procedure for Female Stress Urinary Incontinence	
0TSC0ZZ	Reposition Bladder Neck, Open Approach
0TUC07Z	Supplement Bladder Neck with Autologous Tissue Substitute, Open Approach
0TUC0KZ	Supplement Bladder Neck with Nonautologous Tissue Substitute, Open Approach
0TUC47Z	Supplement Bladder Neck with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0TUC4KZ	Supplement Bladder Neck with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0TPD07Z	Removal of Autologous Tissue Substitute from Urethra, Open Approach
0TPD0JZ	Removal of Synthetic Substitute from Urethra, Open Approach
0TPD0KZ	Removal of Nonautologous Tissue Substitute from Urethra, Open Approach
0TWD07Z	Revision of Autologous Tissue Substitute in Urethra, Open Approach
0TWD0JZ	Revision of Synthetic Substitute in Urethra, Open Approach
0TWD0KZ	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.

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services that are rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD) and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage, and reimbursement matters.

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.

Please refer to package insert provided with the products for complete Indications for Use, Contraindications, Warnings, Precautions, Adverse Events, and Instructions prior to use.

Products are labeled for individual use and concomitant repairs are at the discretion of the physician.

For medical devices: CAUTION: Federal Law (USA) restricts those devices to sale by or on the order of a physician.

For mesh for transvaginal repair of pelvic organ prolapse: CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician trained in use of surgical mesh for transvaginal repair of pelvic organ prolapse.

For stress urinary incontinence mesh products: CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician trained in use of surgical mesh for repair of stress urinary incontinence.

For Upsydon Y-Mesh: CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician trained in performing mesh procedures for surgical repair of pelvic organ prolapse.

For Colpassist Vaginal Positioning Device: CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician.

Repliform Tissue Regeneration Matrix complies with U.S. Regulations in 21 CFR part 1271 Human Tissue Intended for Transplantation.

Refer to Coaptite Injectable Implant Instructions for Use provided with product for complete instructions for use.

INDICATIONS: Coaptite Injectable Implant is indicated for soft tissue augmentation in the treatment of stress urinary incontinence (SUI) due to intrinsic sphincter deficiency (ISD) in adult females. **CONTRAINDICATIONS:** The Coaptite Injectable Implant is contraindicated for use in a patient: who has significant history of urinary tract infections without resolution; who has current or acute conditions of cystitis or urethritis; who has fragile urethral mucosal lining. **POTENTIAL ADVERSE EFFECTS** that may occur include: genitourinary adverse events (i.e., urinary retention, hematuria, dysuria, UTI, urinary urgency and frequency), erosion, erythema, embolic phenomena, and vascular occlusion. **WARNINGS:** Note: Failure to follow any instructions or to heed any Warnings or Precautions could result in serious patient injury. **WARNING:** Following injection of Coaptite Implant, dissection of the device through tissue may lead to

1) tissue erosion and may require corrective surgery or 2) elevation of the bladder wall causing ureteral obstruction. This may be caused by improper injection technique using Coaptite Implant. (See adverse event section in IFU for further information.) **WARNING:** Women with peripheral vascular disease and prior pelvic surgery may be at increased risk for tissue erosion following injection of Coaptite Implant. (See adverse event section in IFU for further information.) Please refer to complete instructions for use for a complete listing of all warnings and potential adverse effects. **CAUTION:** Federal Law (USA) restricts this device to sale by or on the order of a physician trained in diagnostic and therapeutic cystoscopy.

1. Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – January 2018 release, RVU18A file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html?DLSort=0&DLEntries=10&DLPage=1&DLSortDir=descending> The 2018 National Average Medicare physician payment rates have been calculated using a 2018 conversion factor of \$35.9996. Rates subject to change.
2. "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-insurance, etc.
3. Hospital outpatient payment rates are 2018 Medicare OPPS Addendum B national averages. Source: CMS OPPS - January 2018 release, CMS-1678-FC <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>
4. ASC payments rates are 2018 Medicare ASC national averages. ASC rates are from the 2017 Ambulatory Surgical Center Covered Procedures List - Addendum AA. Source: January 2018 release, CMS-1678-FC <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>
5. "NA" in the 2018 "MD-In-Office Medicare Allowed Amount" column means that Medicare does not provide reimbursement when the procedure is performed in-office.
6. The patient's medical record must support the existence and treatment of the complication or comorbidity.
7. 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 (\$6,026.48). Source: August 2, 2017 Federal Register; CMS-1677-F; CMS-1677-CN; Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System Changes and FY2018 Rates.

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, 2018.

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Effective: 1JAN2018
Expires: 31DEC2018
MS-DRG Rates Expire: 30SEP2018
WH-445009-AB Jan 2018