

Women's Health

US Coding and Payment Reference for Hospital Outpatient and Ambulatory Surgery Center

This coding reference is intended to provide common coding and reimbursement guidance for female health pelvic procedures.

The rates listed below are reflective of the 2024 Medicare national average (rounded up or down to nearest dollar) and will vary due to geographic adjustment and other factors. These rates are subject to change without notice. Specific payer policies, requirements, or rates may vary from CMS standards and should be reviewed prior to treatment.

The suggested C-Code should always be reported as well as the associated device costs. These are tracking codes that inform future APC payment rates. These do not trigger additional payment and only apply to Medicare hospital outpatient claims.

2024 Procedural Coding and Payment Reference

Effective January 1, 2024

CPT / HCPCS Codes	Code Description	Hospital Outpatient Payment	ASC Payment
Sling Treatment for Female Stress Urinary Incontinence			
57287	Removal or revision of sling for stress incontinence (e.g. fascia or synthetic)	\$2,982	\$1,586
57288	Sling operation for stress incontinence (e.g. fascia or synthetic)	\$4,744	\$2,752
Transvaginal allograft or native tissue treatment for Pelvic Organ Prolapse			
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	\$4,744	\$2,136
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	\$4,744	\$2,136
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed	\$4,744	\$2,136
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	\$4,744	\$2,136
+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)	Packaged	Packaged
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	\$7,207	\$3,157
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	\$7,207	\$3,157
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	\$7,207	-
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	\$2,982	\$1,586
C9778	Colpopexy, vaginal; minimally invasive extra-peritoneal approach (sacrospinous)	\$4,744	\$2,691
Transabdominal allograft or native tissue treatment for Pelvic Organ Prolapse			
57280	Colpopexy, abdominal approach	Inpatient Procedure Only	Inpatient Procedure Only
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	\$9,818	\$4,541
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	\$7,207	\$3,157
Urethral Bulking for Urinary Incontinence			
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	\$3,325	\$2,250
Bladder Injection for Urinary Incontinence			
52287	Cystourethroscopy with injection(s) for chemodenervation of the bladder	\$1,943	\$930
J0585**	Injection, onabotulinumtoxin A, 1 unit	\$6.33	\$6.33
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	\$4,935	\$3,468

*57267 is an add on code and must be coded first with one of the following codes: 45560, 57240-57265, 57285

**ASP Drug Pricing Files are updated on a quarterly basis. Rate is effective as of 1st quarter 2024

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HCPCS Codes	Code Description
C1762	Connective tissue, human (includes fascia lata)
C1763	Connective tissue, nonhuman (includes synthetic)
C1771	Repair device, urinary, incontinence, with sling graft
C1781	Mesh (implantable)
C2631	Repair device, urinary, incontinence, without sling graft
L8606*	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
L8699*	Prosthetic Implant, not otherwise specified

Medicare reimbursement for devices are packaged with APC reimbursement. For other insurance, please follow payer claims reporting instructions.

*L Codes are intended for the community setting outside a medical site of care. For L8606 outside the hospital, office, or ASC, consult the latest HCPCS DMEPOS publication for rates by each 1 ML syringe

The Centers for Medicare and Medicaid Services (CMS) utilizes the Medicare Severity DRG (MS-DRG) classification system (Version 40 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 Comorbidities (MCCs) and Complications or Comorbidities (CCs). Coding patients to the highest level of specificity is critical to appropriate MS-DRG assignment.

2024 Hospital Inpatient Payment Reference

Effective October 1, 2023

MS-DRG	Code Description	Payment Rate
662	Minor bladder procedures with MCC	\$19,160
663	Minor bladder procedures with CC	\$9,329
664	Minor bladder procedures without CC/MCC	\$6,788
746	Vagina, Cervix and Vulva Procedures with CC/MCC	\$10,717
747	Vagina, Cervix and Vulva Procedures without CC/MCC	\$5,673
748	Female reproductive system reconstructive procedures	\$8,983

ICD-10-CM Diagnosis Codes commonly associated with female urinary incontinence and pelvic organ prolapse procedures

Diagnosis Code	Code Description
Stress Urinary Incontinence	
N36.41	Hypermobility of Urethra
N36.42	Intrinsic sphincter deficiency
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N39.3	Stress Incontinence, (female) (male)
N39.45	Continuous Leakage
N39.46	Mixed Incontinence
N39.498	Other specified urinary incontinence
Pelvic Organ Prolapse	
N81.0	Urethrocele
N81.10	Cystocele, unspecified
N81.11	Cystocele, midline
N81.12	Cystocele, lateral
N81.2	Incomplete uterovaginal prolapse
N81.4	Uterovaginal prolapse, unspecified
N81.5	Vaginal enterocele
N81.6	Rectocele
N81.81	Perineocele
N81.89	Other Female genital prolapse
N81.9	Female genital prolapse, unspecified
N99.3	Prolapse of vaginal vault after hysterectomy

For a full listing of available codes, please consult an ICD-10-CM reference. Guidelines require coding to the highest level of specificity.

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ICD-10 PCS codes require 7 characters. Not all codes below contain the number of characters required and may not represent a full description. Please see ICD-10 PCS coding reference for complete codes and descriptions based on the operation performed. The list is not intended to include all possible codes but a representative list of potential codes and partial codes as examples.

Hospital Inpatient ICD-10 PCS Coding

ICD-10-PCS	Code Description
0TSB_ _ _ _	Reposition bladder
0TSC_ _ _ _	Reposition bladder neck
0TSD_ _ _ _	Reposition urethra
0TQB_ _ _ _	Repair bladder
0TQC_ _ _ _	Repair bladder neck
0TQD_ _ _ _	Repair urethra
0UNF_ _ _ _	Release cul-de-sac
0UNG_ _ _ _	Release vagina
0UQF_ _ _ _	Repair cul-de-sac
0UQG_ _ _ _	Repair vagina
0USF_ _ _ _	Reposition cul-de-sac
0USG_ _ _ _	Reposition vagina 0USGXZZ
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
0UUF47Z	Supplement cul-de-sac with autologous tissue substitute, percutaneous endoscopic approach
0UUF8JZ	Supplement cul-de-sac with synthetic substitute, via natural or artificial opening endoscopic
0UUF8KZ	Supplement cul-de-sac with nonautologous tissue substitute, via natural or artificial opening endoscopic

ICD-10-PCS	Code Description
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
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
0UUG77Z	Supplement vagina with autologous tissue substitute, via natural or artificial opening
0UUG7JZ	Supplement vagina with synthetic substitute, via natural or artificial opening
0UUG7KZ	Supplement vagina with nonautologous tissue substitute, via natural or artificial opening
0UUG87Z	Supplement vagina with autologous tissue substitute, via natural or artificial opening endoscopic
0UUG8JZ	Supplement vagina with synthetic substitute, via natural or artificial opening endoscopic
0UUG8KZ	Supplement vagina with nonautologous tissue substitute, via natural or artificial opening endoscopic
0UUGX7Z	Supplement vagina with autologous tissue substitute, external approach
0UUGXJZ	Supplement vagina with synthetic substitute, external approach
0UUGXKZ	Supplement vagina with nonautologous tissue substitute, external approach

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Contact your Medicare contractor or other payer for interpretation of coverage, coding, and payment policies since reimbursement policy can vary widely and frequently changes, often without notice.

This information is not intended to replace any advice you receive from your own internal or external insurance coverage consultants, reimbursement specialists or legal counsel.

Data Sources

- 2024 Current Procedural Terminology (CPT) Copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- Physician payment rates are 2024 national averages. Source: Centers for Medicare & Medicaid Services CY2024 Physician Fee Schedule Final Rule: Addendum B.
- Medicare payment rates calculated using a conversion factor of 32.74 Based on CY2024 Relative Value Units (RVU) information available as of January 2024.
- 2024 ICD-10-CM.
- 2024 ICD-10-PCS.
- 2024 HCPCS Level II Expert.
- Centers for Medicare & Medicaid Services CY2024 Hospital OPPS Final Rule: Addendum A, Addendum B.
- Centers for Medicare & Medicaid Services CY2024 ASC Final Rule: Addendum AA, BB,DD1.
- FY 2024 Hospital Inpatient Prospective Payment Rates (MS-DRG) obtained from CMS August 2023 Federal Register, CMS-1785-F and CMS-1788-F.