Coding for Obliterative Surgical Procedures for Pelvic Organ Prolapse

Obliterative surgical procedures for pelvic organ prolapse (POP) are among the oldest and most effective procedures in the armamentarium of a pelvic surgeon. They offer effective, minimally invasive means to treat POP for patients who do not desire penetrative sexual intercourse and wish surgical correction of either uterovaginal prolapse or vaginal vault prolapse after hysterectomy. Due to the ability to perform these procedures under spinal or combined sedation and local anesthesia, they are often the safest surgical option for patients with POP who are elderly. They provide an alternative to pessary use. These procedures, known as a Le Fort's Operation, Colpocleisis, Colpectomy and Vaginectomy, are all designed to obliterate the vaginal canal, and close the genital hiatus to reduce POP and prevent its recurrence.

Traditionally, the Le Fort Colpocleisis procedure has been used to describe a procedure for uterovaginal prolapse (N81.2 or N81.3) in which apical prolapse is reduced, a portion of the vaginal epithelium from the anterior and posterior vaginal walls is removed, and these denuded areas are approximated to close the upper 2/3 to 3/4 of the vagina, leaving small lateral channels for drainage. The terms, "Colpectomy" and "Vaginectomy" were traditionally used to describe operations to address removal of the vaginal wall, subsequent to hysterectomy, for vaginal dysplasia or carcinoma. However, in clinical practice, vaginectomy is used as an alternative to colpocleisis, in the treatment of vaginal vault prolapse after hysterectomy (N99.3) with considerable variation in the amount of vaginal epithelium that is removed (e.g. partial vs. complete).

CPT codes and RVU Table:

CPT Code	Description	2021 Work RVUs	2021 Total RVUs (Facility)
57120	Colpocleisis (LeFort Type)	8.28	16.349
57106	Vaginectomy, partial removal of vaginal wall	7.50	16.324
57110	Vaginectomy, complete removal of vaginal wall	15.48	28.163

Billing Tips:

Coding for obliterative procedures can become somewhat confusing due to differences between terminology used by clinician and the terminology used in the CPT code descriptors. Also, the designation of some procedures as "in-patient," only and others able to be reimbursed when performed in both the "out-patient" site of service and the "in-patient" site of service can be confusing. In selecting CPT codes for reporting obliterative vaginal procedures, the surgeon should choose the CPT code(s) that most accurately reflect the exact work being performed. Also consider the setting and length of the anticipated hospital stay because reimbursement for these procedures includes the facility postoperative and discharge physician visits. Make sure that the operative report documentation accurately identifies the procedure by based on CPT code descriptor.

All three codes for obliteration of the vagina have 90-day global periods. CPT Codes 57120 and 57106 are designated reimbursable as both in-patient and out-patient procedures by the Medicare program and are appropriate for both in-patient and out-patient operating sites and for all forms of out-patient short-stays as well as procedures performed as an in-patient. CPT code 57110 on the other hand, is designated as an in-patient, only procedure, and thus requires in-patient admission to be billed.

Documentation:

Documentation for these procedures should describe the depth and extent to which the vaginal epithelium was removed (i.e., whether full or partial thickness of the vaginal epithelium was removed as well as the areas from which it was removed). This is important to the determination of the proper CPT code, as CPT Codes 57110 and 57106 imply full thickness removal of the vaginal epithelium (down to the underlying peritoneum or investing fascia), while CPT Code 57120 includes both full thickness and partial thickness removal of vaginal epithelium. Similarly, CPT codes 57120 and 57106 imply removal of only part of the vaginal epithelial area (typically 2/3 to 3/4), while CPT code 57110 implies removal of the entire vaginal epithelium from hymeneal ring to apex, and including anterior, posterior and lateral portions of the vagina.

Coding Pitfalls:

Despite the description of CPT code 57120 as "Colpoceisis, LeFort type", and the lay description which describes that "the physician sews the vagina shut, prohibiting the uterus from protruding through the vagina", CPT code 57120 code is not specific to uterovaginal prolapse (N81.2 or N81.3), and can be linked to the diagnosis of vaginal vault prolapse (N99.3), as well. If the procedure as performed is otherwise consistent with the requirements for this code (i.e., partial or full thickness removal of a portion of the anterior and posterior vaginal walls), and it is anticipated that the procedure is performed in an outpatient setting, this code may be used whether a uterus or cervix is present.

Use of CPT Code 57110 requires that the entire vaginal epithelium, from apex to hymen and in full thickness down to underlying tissue, be removed. This procedure can only be billed as an in-patient procedure and requires in-patient admission.

NCCI Edit rules for these codes is somewhat complex. Procedures such as cystoscopy are included in all of these procedure codes and may not be billed separately. Additional pelvic support procedures; however, are more complicated. The following table illustrates current NCCI Edits but **should not be assumed to be a complete list**. When in doubt, check with a current NCCI edit list, your coding specialist, or via the CPT Bundling Matrix available as part of AUGS Coding Today (http://augs.codingtoday.com/).

Primary Procedure CPT Code	Allowed Common Additional CPT Codes	Bundled CPT Codes (i.e., NOT allowed)
57120	45560, 57250, 57265, 57285, 57288	57260, 57268
57110	45560, 57250, 57260, 57265, 57288	57268, 57415

| 57106 | 45560, 57250, 57260, 57265, 57288 | 57268, 57270 |

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