

US Coding and Payment Reference

This coding reference guide is intended to illustrate the common coding and payment groups for female health pelvic procedures.

This guide is focused on coding and payment for procedures performed in the hospital outpatient setting (HOPD) and ambulatory surgery center (ASC) setting, but also includes guidance on inpatient settings.

The rates listed below are reflective of 2022 Medicare national average reimbursement rates 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.

2022 Procedural Coding and Payment Reference

Effective January 1, 2022

CPT / HCPCS Code	Code Description	APC	Hospital Outpatient Payment	ASC Payment	Physician Payment	RVUs in Facility
Sling or tissue treatment for Stress Urinary Incontinence						
57288	Sling operation for stress incontinence (e.g. fascia or synthetic)	5415	\$4,503	\$2,586	\$764	22.08
57287	Removal or revision of sling for stress incontinence (e.g. fascia or synthetic)	5414	\$2,680	\$1,331	\$766	22.14
Transvaginal allograft or native tissue treatment for Pelvic Organ Prolapse						
57240	Anterior Colporrhaphy, repair of cystocele with or without repair of urethrocele	5415	\$4,503	\$1,911	\$632	18.25
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	5415	\$4,503	\$1,911	\$636	18.37
57260	Combined anteroposterior colporrhaphy	5415	\$4,503	\$1,911	\$803	23.19
57265	Combined anteroposterior colporrhaphy with enterocele repair	5415	\$4,503	\$1,911	\$898	25.96
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	5416	\$6,933	\$2,849	\$715	20.66
57285	Repair of paravaginal defect and cystocele by vaginal approach	5416	\$6,933	n/a	\$714	20.64
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	5414	\$2,680	\$1,331	\$518	14.96
Transabdominal allograft or native tissue treatment for Pelvic Organ Prolapse						
57280	Colpopexy, abdominal approach	n/a	n/a	n/a	\$994	28.73
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	5362	\$9,096	\$3,891	\$1,001	28.92
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	5416	\$6,933	\$2,849	\$898	25.95
Bulking Ureteral for Urinary Incontinence						
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	5374	\$3,140	\$1,953	\$201	5.82
Bladder Injection for Urinary Incontinence						
52287	Cystourethroscopy with injection for chemodeneration of bladder	5373	\$1,829	\$817	\$170	4.92
52327	Cystourethroscopy with subureteric injection of implant material	5375	\$4,506	\$3,037	\$264	7.64

**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.

HCPCS Codes	
C1762	Connective tissue, human (includes fascia lata)
C1763	Connective tissue, non-human (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.

The Centers for Medicare and Medicaid Services (CMS) utilizes the Medicare Severity DRG (MS-DRG) classification system (Version 35 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 Comorbid conditions (MCCs) and Complications or Comorbid conditions (CCs). Coding patients to the highest level of specificity is critical to appropriate MS-DRG assignment.

2022 Hospital Inpatient Payment Reference

Effective January 1, 2022

MS-DRG	Code Description	Payment Rate
329	Major small & large bowel procedures with MCC	\$32,221
330	Major small & large bowel procedures with CC	\$16,811
331	Major small & large bowel procedures without CC/MCC	\$11,280
653	Major bladder procedures with MCC	\$36,000
654	Major bladder procedures with CC	\$19,142
655	Major bladder procedures without MCC	\$13,718
662	Minor bladder procedures with MCC	\$19,369
663	Minor bladder procedures with CC	\$10,548
664	Minor bladder procedures without CC/MCC	\$7,806
748	Female reproductive system reconstructive procedures	\$8,886
749	Other female reproductive system OR procedures with CC/MCC	\$17,896
750	Other female reproductive system OR procedures without CC/MCC	\$9,653

ICD-10-CM Diagnosis Codes commonly associated with male prosthetic urology procedures*

Diagnosis Code	Code Description
N39.3	Stress Incontinence, (female) (male)
N36.41	Hypermobility of Urethra
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N39.45	Continuous Leakage
N39.46	Mixed Incontinence
N39.498	Other specified urinary incontinence
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.

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

Diagnosis Code	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
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
0UUF47Z	Supplement cul-de-sac with autologous tissue substitute, percutaneous endoscopic approach
0UUF4JZ	Supplement cul-de-sac with synthetic substitute, percutaneous endoscopic approach
0UUF4KZ	Supplement cul-de-sac with nonautologous tissue substitute, percutaneous endoscopic approach
0UUF77Z	Supplement cul-de-sac with autologous tissue substitute, via natural or artificial opening
0UUF7JZ	Supplement cul-de-sac with synthetic substitute, via natural or artificial opening
0UUF7KZ	Supplement cul-de-sac with nonautologous tissue substitute, via natural or artificial opening
0UUF87Z	Supplement cul-de-sac with autologous tissue substitute, via natural or artificial opening endoscopic

Diagnosis Code	Code Description
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
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.

Data Sources

- 2022 Current Procedural Terminology (CPT) Copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- Physician payment rates are 2022 national averages. Source: Centers for Medicare & Medicaid Services CY2022 Physician Fee Schedule Final Rule: Addendum B.
- Medicare payment rates calculated using a conversion factor of \$34.6062 Based on CY2022 Relative Value Units (RVU) information available as of January 2022.
- 2022 ICD-10-CM.
- 2022 ICD-10-PCS.
- Centers for Medicare & Medicaid Services CY2022 Hospital OPPS Final Rule: Addendum B.
- Centers for Medicare & Medicaid Services CY2022 ASC Final Rule: Addendum AA
- FY 2022 Hospital Inpatient Prospective Payment Rates (MS-DRG) obtained from CMS August 2021 Federal Register, CMS-1752F