

MiniArc[®] Single Incision Sling System

Monarc[®] Subfascial Hammock Sling System

SPARC[®] Sling System

BioArc[®] SP Sling System

BioArc[®] TO Subfascial Hammock Sling System

In-Fast[™] Ultra Sling System



2010 MOST COMMONLY BILLED CODES (Rates are effective 1/1/2010-2/28/2010. Rates subject to change 3/1/10.)

57288 Sling operation for stress incontinence (eg, fascia or synthetic)

57287 Removal or revision of sling for stress incontinence (eg, fascia or synthetic)

Ambulatory Surgery Center	Physician			ASC	Device	Global
	CPT	RVU	Payment*	Payment	Payment	Days
	57288	19.69	\$711	\$1,523	Payment for device included in global ASC payment	90
57287	18.87	\$681	\$1,413	90		

* Medicare physician reimbursement rate is calculated using the 2010 conversion factor of \$36.0846 and is adjusted for budget neutrality

Hospital Outpatient	Physician			Outpatient Hospital		Device
	CPT	RVU	Payment	APC	Payment	HCPGS
	57288	19.69	\$711	202	\$3,033	C1771 C1763 C1781 C2631
57287	18.87	\$681	195	\$2,377	N/A	

C1771—Repair device, urinary, incontinence, with sling graft, **C1763**—Connective tissue, nonhuman (includes synthetic), **C1781**—Mesh (Implantable), **C2631**—Repair device, urinary, incontinence, without sling graft

Hospital Inpatient	Physician			Inpatient Hospital			Device
	CPT	RVU	Payment	Possible MS-DRG for all CPT codes*		Payment**	Payment
	57288	19.69	\$711	662	Minor Bladder Procedures w/ MCC		\$15,687
663				Minor Bladder Procedures w/ CC		\$7,751	
664				Minor Bladder Procedures w/o CC/MCC		\$5,761	
748				Female Reproductive System Reconstructive Procedures		\$4,965	
57287	18.87	\$681	662	Minor Bladder Procedures w/ MCC		\$15,687	Payment for device included in global MS-DRG payment
			663	Minor Bladder Procedures w/ CC		\$7,751	
			664	Minor Bladder Procedures w/o CC/MCC		\$5,761	
			748	Female Reproductive System Reconstructive Procedures		\$4,965	

*Complications and Comorbidities: CMS developed a standard list of diagnoses that are recognized as CCs for MS-DRGs. When a CC is present as a secondary diagnosis, it may affect the MS-DRG assignment.

**These averages are calculated by multiplying the current relative weight of the MS-DRG by the national average hospital Medicare base rate and this includes the capital rate.

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2010 MOST COMMONLY BILLED CODES

ICD-9-CM Diagnostic Coding Options	
599.81	Urethral hypermobility
599.82	Intrinsic (urethral) sphincter deficiency (ISD)
625.6	Stress incontinence, female
788.30	Urinary incontinence, unspecified
996.39	Mechanical complication of genitourinary device, implant and graft, other
996.76	Other complications of internal (biological) (synthetic) prosthetic device, implant and graft due to genitourinary device, implant and graft

ICD-9-CM Procedural Coding Options	
59.4	Suprapubic sling operation
59.79	Other repair of urinary stress incontinence

Disclaimer: While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. can not guarantee reimbursement for any procedure or product. It is the responsibility of the medical provider to contact payers for specific coverage and billing/coding policies as well as update the information described herein. Reimbursement rates quoted are 2010 Medicare national averages. (Rates are effective 1/1/2010-2/28/2010. Rates subject to change 3/1/10.

Coding Resources:

1. CPT 2010. Current Procedural Terminology. Professional Edition. CPT is a trademark of the American Medical Association
2. ICD-9-CM for Hospitals—Vol. 1, 2, 3 Updatable Expert 2010. Ingenix, Inc. Salt Lake City, UT
3. HCPCS Level II Expert 2010. Healthcare Common Procedure Coding System. American Medical Association, Ingenix, Inc. Salt Lake City, UT
4. DRG Expert 2010. Ingenix, Inc. Salt Lake City, UT
5. MarketScan® Research Data © 2009 Thomson Reuters
6. Federal Register, Vol. 74, No. 165, Aug. 27, 2009
7. Federal Register, Vol. 74, No. 223, Nov. 20, 2009
8. Federal Register, Vol. 74, No. 226, Nov. 25, 2009
9. Public Law No: 111-118, Dec. 19, 2009