

2012 Bladder Neck Suspension Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
Traditional Open Procedure		
51840	Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz type); simple	\$670
51841	Anterior vesicourethropexy, complicated (e.g., secondary repair)	795
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (e.g., Stamey, Raz modified Pereyra)	596
57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	720
57289	Pereyra procedure, including anterior colporrhaphy	727
58152	TAH with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type)	1,267
58267	Vaginal hysterectomy with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type), with or without endoscopic control	1,074

Laparoscopic Procedure

51990	Laparoscopy surgical; urethral suspension for stress incontinence	\$766
51992	Laparoscopy surgical; sling operation for stress incontinence (e.g., fascia or synthetic)	864
51999	Unlisted laparoscopy procedure bladder	Carrier priced

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0130	Level III Laparoscopy (CPT code: 51999)	\$2,720
0131	Level II Laparoscopy (CPT codes: 51990, 51992)	3,358
0195	Level IX Female Reproductive Procedures (CPT code: 57289)	2,521
0202	Level X Female Reproductive Procedures (CPT code: 51845, 57288)	3,218

Freestanding Ambulatory Surgery Center

CPT CODE	DESCRIPTION	MEDICARE PAYMENT ⁴
51992	Laparoscopy surgical; sling operation for stress incontinence (e.g., fascia or synthetic)	\$1,938
57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	1,857
57289	Pereyra procedure, including anterior colporrhaphy	1,454

INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION
59.4	Suprapubic sling operation
59.5	Retropubic urethral suspension
59.6	Paraurethral suspension
59.71	Repair, stress incontinence, urinary
59.79	Levator muscle operation for urethrovesical suspension (Other repair of urinary stress incontinence)
68.59	Other and unspecified vaginal hysterectomy
70.51	Repair of cystocele
70.54	Repair of cystocele with graft or prosthesis
70.63	Vaginal reconstruction with graft or prosthesis
70.77	Vaginal suspension and fixation
70.78	Vaginal suspension and fixation with graft or prosthesis.

NOTE: ICD-9 codes are grouped into Diagnoses Related Groups (DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One DRG is assigned to each inpatient stay.

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁶	NATIONAL AVERAGE DRG PAYMENT ⁶
662	Minor bladder procedures with MCC	10.2	\$16,743
663	Minor bladder procedures with CC	5.1	8,329
664	Minor bladder procedures without CC/MCC	1.9	6,346
748	Female reproductive system reconstructive procedures	1.7	5,320

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2011 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 76, No. 228, Monday, November 28, 2011/ Rules and Regulations. The 2012 Final Physician Reimbursement Conversion Factor = \$34.0376.

³ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Hospital Outpatient Payment.

⁴ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final ASC Reimbursement.

⁵ Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.

⁶ Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final National Average DRG Payment.

Physicians should refer to their provider Carrier Manual for their geographic payments.

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