

2012 Rectocele Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
45560	Repair of rectocele (separate procedure)	\$700
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	682
57268	Repair of enterocele, vaginal approach (separate procedure)	489
57270	Repair of enterocele, abdominal approach (separate procedure)	810

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0150	Level IV Anal Rectal Procedure (CPT code: 45560)	\$2,307
0195	Level VII Female Reproductive Procedure (CPT codes: 57250, 57268)	2,521

Freestanding Ambulatory Surgery Center

CPT CODE	DESCRIPTION	MEDICARE PAYMENT ⁴
45560	Repair of Rectocele	\$1,331
57268	Repair of Bowel Bulge	1,454
57250	Repair Rectum and Vagina	1,454

INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION
70.52	Repair, rectocele
70.92	Other operations, vaginal and cul-de-sac, other

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
329	Major small & large bowel procedures with MCC	15.1	\$29,966
330	Major small & large bowel procedures with CC	8.9	14,591
331	Major small & large bowel procedures without CC/MCC	5.1	9,153
746	Vagina, cervix & vulva procedures with CC/MCC	4.0	7,317
747	Vagina, cervix & vulva procedures without CC/MCC	1.7	5,089
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 Rule Physician Reimbursement Conversion Factor = \$34,0376.

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

⁴ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - 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 Rule - National Average DRG Payment.

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

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