

2011 MOST COMMONLY BILLED CODES

53440 Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

53442 Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)

Ambulatory Surgery Center	Physician			ASC	Device	Global
	CPT	RVU	Payment	Payment	Payment	Days
	53440	26.84	\$912	\$5,853	Payment for device included in global ASC payment	90
53442	23.71	\$806	\$1,265	90		

** Medicare physician reimbursement rate is calculated using the 2011 conversion factor of \$33.9764.*

Hospital Outpatient	Physician			Outpatient Hospital		Device	
	CPT	RVU	Payment	APC	Payment	HCPCS	Payment
	53440	26.84	\$912	385	\$7,056	C1771 C1763 C1781 C2631	Payment for device included in global APC payment
53442	23.71	\$806	168	\$2,250	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
	53440	26.84	\$912	662	Minor Bladder Procedures w/MCC	\$16,841	Payment for device included in global MS-DRG payment
663				Minor Bladder Procedures w/CC	\$8,219		
53442	23.71	\$806	664	Minor Bladder Procedures w/o CC/MCC	\$6,184		

**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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ICD-9-CM Diagnostic Coding Options	
788.30	Urinary incontinence, unspecified
788.32	Stress incontinence, male
788.37	Continuous leakage
788.39	Other urinary incontinence
996.39	Mechanical complication of genitourinary device, implant and graft; other
996.76	Other complications due to genitourinary device, implant and graft

ICD-9-CM Procedural Coding Options	
57.99	Other operations on bladder

Disclaimer: While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. cannot 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 2011 Medicare national averages.

Coding Resources:

1. CPT 2011. Current Procedural Terminology. Professional Edition. CPT is a trademark of the American Medical Association
2. ICD-9-CM for Hospitals—Vol. 1, 2, 3 Expert 2011. Ingenix, Inc. Salt Lake City, UT
3. HCPCS Level II Expert 2011. Ingenix, Inc. Salt Lake City, UT
4. DRG Expert 2011. Ingenix, Inc. Salt Lake City, UT
5. MarketScan[®] Research Data © 2010 Thomson Reuters
6. Federal Register, Vol. 75, No. 226, Nov. 24, 2010
7. Federal Register, Vol. 75, No. 157, Aug. 16, 2010
8. Federal Register, Vol. 75, No. 228, Nov. 29, 2010
9. Federal Register, Vol. 76, No. 7, Jan. 11, 2011
10. CMS, and DHHS. "Pub. 100-20 One-Time Notification." Transmittal 828. Change Request 7300. Jan. 13, 2010