

Frequently Asked Questions

1) What CPT® codes are most commonly billed for urinary sling procedures that include the use of the MiniArc®, Monarc®, SPARC®, In-Fast™ Ultra & BioArc® sling systems?

CPT® 57288 (Sling operation for stress incontinence, e.g., fascia or synthetic) is the most commonly billed code for use with the AMS sling systems. If a revision or removal of the sling is performed, it would be appropriate to use **CPT® 57287** (Removal or revision of sling for stress incontinence, e.g., fascia or synthetic).

2) Is prior authorization or pre-certification necessary for sling procedures?

As a rule, Medicare does not require prior authorization for any procedure. Commercial or private insurance carriers (e.g., Aetna, Blue Cross, etc.) and some Medicare supplemental plans may require a prior authorization or precertification for surgical procedures. Therefore, it is recommended that you check with insurers (primary and secondary) to verify coverage and pre-certification requirements prior to performing any procedure.

3) There are several surgical methods and different “sling” products for treating female incontinence with slings. Is there a different CPT® code for use with the different products?

AMS female incontinence slings include the In-Fast™ Ultra, Sparc™, Monarc®, BioArc™ and MiniArc®. CPT® 57288 is used to report a sling operation for stress incontinence with any of the above mentioned products.

4) Since a mesh is used in a sling procedure, is it okay to bill the add-on code of 57267 (Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (list separately in addition to code for primary procedure))?

According to AMA guidelines, the add-on code of 57267 is restricted to use with CPT® 45560 and 57240-57265, 57285; therefore CPT® 57288 cannot be billed as a primary code with the add-on of 57267.

5) A sling procedure was performed for stress incontinence and the following was coded:

- **CPT® 57288 (Sling operation for stress incontinence, e.g., fascia or synthetic)**
- **ICD9 625.6 (Stress incontinence, female)**

Please confirm the coding for this procedure...

It would be appropriate to code CPT® 57288 for the sling procedure; however, ICD9 625.6 is viewed more as an accompanying symptom. Because urinary incontinence can be due to several factors, ICD9 guidelines direct providers to code, if applicable, any causal condition first, such as urethral hypermobility (ICD9 599.81) or intrinsic sphincter deficiency (ICD9 599.82), accompanied by ICD9 625.6 as a secondary diagnosis. In order to support medical necessity, it is important for providers to remember to dictate the causal condition, if known, in their operative report along with the accompanying symptom of stress incontinence.

6) Are urinary sling procedures payable by Medicare in an Ambulatory Surgery Center (ASC)?

Yes, CPT 57288 is reimbursed by Medicare in the ASC setting.

7) Are urinary sling procedures payable by Medicare in the office setting?

Currently Medicare does not have a site of service differential for CPT 57288 for the office setting. Therefore for Medicare, the physician reimbursement in the office setting would be the same as the physician reimbursement in the outpatient facility setting.

Some private insurers are willing to negotiate a carve out reimbursement rate for physicians to perform this procedure in the office setting. Contact your private insurance contract manager to discuss this possibility.

8) What can be done if the patient is denied coverage by her health plan?

Patients should contact their insurance plan and request reconsideration. In addition, providers may appeal the denial and include a letter of medical necessity. Providers may contact the Health Care Affairs Department at 888-865-3373 for information on appeal assistance.

Disclaimer: While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. can not guarantee reimbursement for any product or procedure. Providers should report the codes that accurately describe the products and procedures furnished and the patient’s medical condition. Providers should contact their payers if they have questions or need specific co-payment, coverage and billing/coding policies as well as to update the information described herein.

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Coding Resources:

1. CPT 2011. Current Procedural Terminology, Professional Edition. American Medical Association, Chicago, IL
2. Expert 2011: HCPCS Level II. Healthcare Common Procedure Coding System. American Medical Association. Ingenix, Salt Lake City, UT
3. EncoderPro.com. Ingenix, Inc. 2011, Salt Lake City, UT