

Frequently Asked Questions

APOGEE®
ELEVATE® Anterior and Apical
ELEVATE® Apical and Posterior
PERIGEE®
STRAIGHT-IN™

1) What CPT® codes are the most commonly billed for a pelvic prolapse repair procedure that includes the use of the Apogee®, Elevate® and/or Perigee® systems?

- The Elevate Anterior & Apical repair system is also used for vaginal vault prolapse and cystocele repairs. CPT codes that appropriately describe these procedures should be reported.
- The Elevate Apical & Posterior repair system is also used for vaginal vault prolapse, rectocele, and enterocele repairs. CPT codes that appropriately describe these procedures should be reported.
- The Apogee repair system is used during a procedure to repair vaginal vault prolapse and/or rectoceles and enteroceles. CPT codes that appropriately describe these procedures should be reported.
- The Perigee repair system is used during a procedure to repair a cystocele. CPT codes that describe cystocele repair procedures should be reported.
- Accurate documentation of diagnosis and individual procedures performed is critical in supporting all codes that are billed.
- If multiple procedures are performed during the same operative session, select the appropriate code or combination of codes that describe all of the repair procedures that were performed.

2) What information should be included in the operative notes to assist the coding staff in selecting the code(s) that appropriately describe the procedure performed?

The operative report should include the following:

- The exact procedure(s) performed (e.g., cystocele repair, rectocele repair, colpopexy and incontinence sling insertion). **Do not refer to Apogee, Elevate, or Perigee as procedures as they are products.**
- The exact placement of the mesh and location of the anchoring points.
- The diagnosis/condition or reason why the procedure was performed (supporting medical necessity). For example, if a patient has vaginal vault prolapse and needs a colpopexy repair, it is important to document the condition and medical necessity in the notes.
- Complications and comorbidities should be clearly stated.

Physician Billing			
	Primary Code	Secondary Code	Can CPT® 57267 be billed in addition?
Sling Operations	57288		No
Cystocele repair w/mesh	57240		Yes
Sling, cystocele repair w/mesh	57288	57240	Yes
Paravaginal defect repair (abdominal approach)	57284		No
Paravaginal defect repair (vaginal approach)	57285		Yes
Rectocele repair w/mesh	57250		Yes
Rectocele & cystocele repair w/mesh	57260		Yes X 2
Sling, rectocele & cystocele repair w/mesh	57260	57288	Yes X 2
Paravaginal defect repair, rectocele repair w/mesh	57285	57250	Yes X 2
Sling, rectocele repair w/mesh	57288	57250	Yes X 1
Colpopexy, vaginal, extraperitoneal	57282		No
Colpopexy, vaginal, intraperitoneal	57283		No
Colpopexy, vaginal, extraperitoneal, cystocele & rectocele repair, sling	57288	57282 57260	Yes X 2

3) Can CPT +57267 (Insertion of Mesh) be reported separately when performing a prolapse repair?

In most cases, CPT +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)) may be billed when a cystocele or rectocele repair is done. However, there are some restrictions: CPT +57267

- Is by definition an add-on code. It can only be reported with a primary CPT code (**45560, 57240–57265, 57285**) and therefore should not be billed with a modifier.
- Should be reported twice if mesh is inserted during an operative session that includes both a cystocele and a rectocele repair.

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4) If a cystocele repair is performed, what CPT code(s) should be reported?

CPT code 57240 is reported for the treatment of anterior vaginal wall prolapse, cystocele, urethrocele or combined cystourethrocele. If mesh is inserted during the same operative session, it would be appropriate to —also report CPT 57267 (Insertion of mesh).

Effective 1/1/2008, CPT code 57285 (Paravaginal defect repair (including repair of cystocele, if performed; vaginal approach)), was added. The new code differs in the approach used (open abdominal/vaginal). When reporting this procedure, use the code that best describes the procedures being performed.

5) Is prior authorization or pre-certification necessary for prolapse 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 pre-certification for surgical procedures. Therefore, it is recommended that you check with insurers (primary and secondary) to verify coverage and precertification requirements prior to performing any procedure.

6) Are prolapse procedures payable by Medicare in the Ambulatory Surgery Center (ASC)?

Some prolapse procedures are reimbursed by Medicare in the ASC setting. Payment rules vary depending on the procedure and if it is listed on the Medicare ASC approved list. CPT 45560, 57240, 57250, 57260, 57265, 57267, 57268 and 57295 are all currently on the Medicare ASC approved list. CPT 57280, 57282, 57283, 57284 and 57285 are not on the Medicare ASC approved list.

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
4. Pelvic repair: Update on correct coding, Witt, M Supplement to OBG Management October 2010 · Vol. 23, No. 9

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