

# 2018 Urinary Incontinence Reimbursement Fact Sheet

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## Finding the appropriate ICD-10-PCS Code<sup>1</sup>

**STEP 1: Using the table below, select the appropriate codes from each column in the respective order.**

Procedure Code	Body Part	Approach	Device	Qualifier
ØTU: Supplement/Urinary System	C Bladder Neck	Ø Open 4 Percutaneous Endoscopic 7 Via natural or artificial opening 8 Via Natural or Artificial Opening Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous tissue substitute	Z No Qualifier
ØTU: Supplement/Urinary System	D Urethra	Ø Open 4 Percutaneous Endoscopic 7 Via natural or artificial opening 8 Via Natural or Artificial Opening Endoscopic X External	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous tissue substitute	Z No Qualifier

**STEP 2: Combine the code in the respective order from left to right. This is your ICD-10-PCS Code.**

For example, the code for **Reposition Urethra, Open Approach (ØTSDØZZ)** would be created in the steps below:

**Example: STEP 1:** Procedure Code ØTS + Body Part D + Approach Ø + Device Z + Qualifier Z = **STEP 2:** ØTSDØZZ

## Surgeon CPT, APC & DRG Codes

SURGEON CPT CODE <sup>2</sup>	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT <sup>3</sup>
<b>Sling Operation</b>		
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	\$734
5199Ø	Laparoscopy, surgical; urethral suspension for stress incontinence	782
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	868

### OUTPATIENT FACILITY

#### Hospital Outpatient Department

APC	APC DESCRIPTION	STATUS INDICATOR	MEDICARE PAYMENT <sup>4</sup>
5415	Level 5 Gynecologic Procedures (CPT Code: 57288)	J1	\$4,112
5361	Level I Laparoscopy & Related Services (CPT Codes: 51990, 51992)	J1	4,488

## Ambulatory Surgery Center

CPT CODE	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT <sup>5</sup>
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	\$1,839
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	N/A
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	2,097

**NOTE:** CPT code 51990 is not approved for ASC by Medicare.

## INPATIENT FACILITY

DRG	DESCRIPTION*	AVERAGE LENGTH OF STAY (DAYS) <sup>6</sup>	NATIONAL AVERAGE DRG PAYMENT <sup>7</sup>
662	Minor Bladder Procedures with MCC	10.4	\$18,354
663	Minor Bladder Procedures with CC	5.2	10,731
664	Minor Bladder Procedures without CC/MCC	2.4	7,754
748	Female Reproductive System Reconstructive Procedures	2.1	7,637

\*CC stands for Complications and Comorbidities while MCC refers to Major Complications and Comorbidities. These are a measure of the severity of an illness indicating additional diagnoses present on a case that MAY increase the expected resource consumption beyond that of the same case without a CC or MCC under the current Medicare definition. Whether a complication or comorbidity is classified as a CC or MCC is defined by Medicare.

**1.** ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). **2.** All Current Procedural Terminology (CPT) five digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2017 American Medical Association. **3.** Medicare Physician Fee Schedule (MPFS), Final Rule [CMS-1676-F], Federal Register, Vol. 82, No. 219, Wednesday, November 15, 2017; 2018 Physician Conversion Factor (CF) = \$35.9996. **4.** Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgery Center Payment Systems Final Rule [CMS-1678-FC], Federal Register, Vol. 87, No. 239, Thursday, December 14, 2017; Final National Hospital Average APC Payment. **5.** Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgery Center Payment Systems Final Rule [CMS-1678-FC], Federal Register, Vol. 87, No. 239, Thursday, December 14, 2017; Final National ASC Average APC Payment. **6.** All Healthcare Common Procedure Coding System (HCPCS) Level II alpha-numeric codes, descriptions, instructions, guidelines and other material are copyright 2017 Centers for Medicare & Medicaid Services (CMS). All Rights Reserved. **7.** Medicare Inpatient Prospective Payment System Final Rule [CMS-1677-F], Federal Register (Vol. 82, Issue 155), Monday, August 14, 2017; Final National Average DRG Payment.

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