

**MiniArc**<sup>®</sup> Single Incision Sling System  
**Monarc**<sup>®</sup> Subfascial Hammock Sling System  
**SPARC**<sup>®</sup> Sling System  
**BioArc**<sup>®</sup> SP Sling System  
**BioArc**<sup>®</sup> TO Subfascial Hammock Sling System  
**In-Fast**<sup>™</sup> Ultra Sling System



## 2011 MOST COMMONLY BILLED CODES

**57288** Sling operation for stress incontinence (eg, fascia or synthetic)  
**57287** Removal or revision of sling for stress incontinence (eg, fascia or synthetic)

Ambulatory Surgery Center	Physician			ASC	Device	Global
	CPT	RVU	Payment*	Payment	Payment	Days
	57288	21.21	\$721	\$1,759	Payment for device included in global ASC payment	90
57287	20.44	\$694	\$1,382	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
	57288	21.21	\$721	202	\$3,127	C1771 C1763 C1781 C2631	Payment for device included in global APC payment
57287	20.44	\$694	195	\$2,457	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
	57288	21.21	\$721	\$694	662	Minor Bladder Procedures w/MCC	\$16,841
663					Minor Bladder Procedures w/CC	\$8,219	
664					Minor Bladder Procedures w/o CC/MCC	\$6,184	
748					Female Reproductive System Reconstructive Procedures	\$5,120	

\*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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## 2011 MOST COMMONLY BILLED CODES

ICD-9-CM Diagnostic Coding Options	
<b>599.81</b>	Urethral hypermobility
<b>599.82</b>	Intrinsic (urethral) sphincter deficiency (ISD)
<b>625.6</b>	Stress incontinence, female
<b>788.30</b>	Urinary incontinence, unspecified
<b>996.39</b>	Mechanical complication of genitourinary device, implant and graft, other
<b>996.76</b>	Other complications of internal (biological) (synthetic) prosthetic device, implant and graft due to genitourinary device, implant and graft

ICD-9-CM Procedural Coding Options	
<b>59.4</b>	Suprapubic sling operation
<b>59.79</b>	Other repair of urinary stress incontinence

**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