

QUICK REFERENCE

Comparative Reimbursement Guide

**ELEVEST[®], UPLIFT, and AVESTA[®] Procedures
Hysterectomy**

@operSurgical

ELEVEST® Procedure: Uterine Prolapse Repair

CPT ¹ Code	Description ¹	2006 National ² Average Medicare Reimbursement	Commercial ³ Charges and Payment Range	Global Period ²
44200	Enterolysis, laparoscopic freeing of intestinal adhesions	\$851	\$1,954 – 2,337	90 days
49320	Diagnostic laparoscopy with or without collection of specimen	\$316	\$1,107 – 1,312	90 days
58400	Uterine suspension, w or w/o shortening of the round ligaments, with or without shortening of the sacrouterine ligaments	\$418	\$1,720 – 2,060	90 days
58410	Uterine suspension, with or without shortening of the round ligaments, with or without shortening of the sacrouterine ligaments with presacral sympathectomy	\$780	\$2,266 – 2,715	90 days
58578	Unlisted laparoscopy procedure of the uterus	Varies per carrier discretion	Varies per carrier discretion	Varies per carrier discretion

UPLIFT Procedure: Uterine Suspension

44200	Enterolysis, laparoscopic freeing of intestinal adhesions	\$851	\$1,954 – 2,337	90 days
49320	Diagnostic laparoscopy with or without collection of specimen	\$316	\$1,107 – 1,312	90 days
58400	Uterine suspension, with or without shortening of the round ligaments, with or without shortening of the sacrouterine ligaments	\$418	\$1,720 – 2,060	90 days
58410	Uterine suspension, with or without shortening of the round ligaments, with or without shortening of the sacrouterine ligaments with presacral sympathectomy	\$780	\$2,266 – 2,715	90 days
58578	Unlisted laparoscopy procedure of the uterus	Varies per carrier discretion	Varies per carrier discretion	Varies per carrier discretion
58660	Salpingolysis ovariolysis, ligation or transection of fallopian tubes, abdominal or laparoscopic, unilateral or bilateral	\$678	\$1,953 – 2,336	90 days

AVESTA® Procedure: Vaginal Vault Support

57425	Laparoscopy, surgical colpopexy (suspension of vaginal apex) If billed as primary procedure, 44200, 49320, 50715 or 58660 cannot be reported 2005 CCI edits	\$913	\$3,037 – 3,615	90 days
57284	Paravaginal defect repair	\$805	\$3,418 – 4,073	90 days
58999	Unlisted procedure, female genital system (If AVESTA is performed in combination with a hysterectomy procedure, the physician must report both CPT codes and will be paid according to the multiple procedure adjustment)	Varies per carrier discretion	Varies per carrier discretion	Varies per carrier discretion

Abdominal Hysterectomy Procedures

58150	Total abdominal hysterectomy, with or without removal of tubes or ovaries	\$929	\$3,084 – 3,665	90 days
58180	Supracervical abdominal hysterectomy, with or without removal of tubes or ovaries	\$923	\$3,027 – 3,596	90 days
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy with biopsy, with or without removal of tubes or ovaries	\$1,717	\$5,781 – 6,891	90 days

¹ CPT 2005 Standard Edition, published by the AMA.

² Federal Register, November 15, 2004, Final Rulings Books 2&3.

³ 2004 Fee and Coding Guide, volume one, MAG Mutual Healthcare Solutions, Inc. Based on 2003 claims data from 15,000 member physicians.

Vaginal Hysterectomy Procedures

CPT ¹ Code	Description ¹	2006 National ² Average Medicare Reimbursement	Commercial ³ Charges and Payment Range	Global Period ²
58260	Vaginal hysterectomy, for uterus ≤ 250 gm	\$803	\$2,808 – 3,333	90 days
58262	Vaginal hysterectomy, for uterus ≤ 250 gm with removal of tubes or ovaries	\$906	\$3,037 – 3,615	90 days
58263	Vaginal hysterectomy, for uterus ≤ 250 gm with removal of tubes or ovaries, with repair of enterocele	\$979	\$3,418 – 4,073	90 days
58275	Vaginal hysterectomy, with total or partial vaginectomy	\$961	\$3,300 – 3,924	90 days
58280	Vaginal hysterectomy, with total or partial vaginectomy, with repair of enterocele	\$1,032	\$3,311 – 3,943	90 days
58285	Vaginal hysterectomy, radical, (Schauta type operation)	\$1,321	\$3,861 – 3,924	90 days
58290	Vaginal hysterectomy, for uterus > 250 gm	\$1,191	\$3,605 – 4,465	90 days
58291	Vaginal hysterectomy, for uterus > 250 gm with removal of tubes or ovaries	\$1,255	\$3,785 – 4,685	90 days
58292	Vaginal hysterectomy, for uterus > 250 gm with removal of tubes or ovaries, with repair of enterocele	\$1,329	\$3,990 – 4,949	90 days

Laparoscopic Hysterectomy Procedures

58541*	Laparoscopy, surgical, supracervical hysterectomy, for uterus ≤ 250 gm	\$793	\$2,677	90 days
58542*	Laparoscopy, surgical, supracervical hysterectomy, for uterus ≤ 250 gm; with removal of tube(s) and/or ovary(s)	\$876	\$2,677	90 days
58543*	Laparoscopy, surgical, supracervical hysterectomy, for uterus > 250 gm	\$891	\$2,677	90 days
58544*	Laparoscopy, surgical, supracervical hysterectomy, for uterus > 250 g; with removal of tube(s) and/or ovary(s)	\$965	\$2,677	90 days
58548*	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	\$1,688	N/A	90 days
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus ≤ 250 gm	\$841	\$3,110 – 3,931	90 days
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus ≤ 250 gm; with removal of tube(s) and/or ovary(s)	\$928	\$3,314 – 4,180	90 days
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus > 250 gm	\$1,089	\$3,739 – 4,647	90 days
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus > 250 g; with removal of tube(s) and/or ovary(s)	\$1,244	\$3,998 – 4,977	90 days

* New code effective 01/01/07.

All procedures listed are status "M" or "Me" which allows 100% of the payment schedule for the primary procedure and 50% payment for the second through fifth procedures.

The inclusion of these codes are not intended to be a listing of reportable code combinations. Applicable codes and combinations depend on individual procedures, payer rules, and CCI edits. Payment rates will also vary especially if multiple procedures are performed at the same time.

*Source: Medicare Program Revisions to Payment Policies, Five-Year Review of Work Relative Value Units, Changes to the Practice Expense Methodology Under the Physician Fee Schedule, and other changes to Payment Under Part B; Revisions to the Payment Policies of Ambulance Services Under the Fee Schedule for Ambulance Services; and Ambulance Inflation Factor Update for CY 2007. (revised 12/21/06)

**Source: Final Changes to the Hospital Outpatient Prospective Payment System and CY 2007 Payment Rates

***Source: 2006 Physicians Fee and Coding Guide, Mag Mutual Healthcare Solutions

Coding Notes: Surgical laparoscopy always includes diagnostic laparoscopy. To report a diagnostic laparoscopy, see 49320.

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ADDITIONAL INFORMATION:

Contact the local payers to determine the appropriate codes and documentation necessary for coverage and payment of CooperSurgical procedures. Pre-authorization may be needed to ensure coverage and payment. Specific reimbursement levels will vary according to geography, insurance carrier and/or contracted fee. Provide detailed documentation of all the steps necessary to complete the procedure. Multiple diagnoses and procedures codes (if applicable) may be necessary.

DISCLAIMER:

The information contained in this document is provided to help you understand the reimbursement process. It is for informational purposes only and represents no statement, promise or guarantee by CooperSurgical, Inc. concerning levels of reimbursement, payment or charge. It is not intended to increase or maximize reimbursement by any payer. Similarly, all listed codes are for informational purposes only and represent no statement, promise or guarantee by CooperSurgical, Inc. that these codes will be appropriate or that reimbursement will be made. It is the responsibility of the health care services provider to confirm the appropriate coding required by their local Medicare carriers, fiscal intermediaries and commercial payers. We recommend that providers consult their payer organizations regarding local policies and specific payment rates.

SOURCES:

Sources for this information are the Centers for Medicare and Medicaid Services website and the Federal Register, November 15, 2004, sections 2 and 3 final rulings. ICD-9 is based on the official version of the World Health Organization's Ninth Revision, International Classification of Diseases. CPT codes and descriptions are copyright 2004 American Medical Association. All rights reserved

