

Pessary Fitting Procedures

Guide to Coding – 2011

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Sources:

- 2011 Alphanumeric HCPCS File
- 2011 AMA CPT Manual
- International Classification of Diseases (ICD-9-CM) 2011, Hospital Volumes 1, 2, and 3, 9th Revision-Clinical Modification.



Physician Coding

Physician services are reported with Current Procedural Terminology (CPT®) codes. CPT is a listing of standardized descriptions and five-character, alphanumeric codes that medical coders and billers use to report health care services and procedures to payers for reimbursement. The following tables display CPT codes that may be relevant to pessary fitting and associated physician services.

| CPT Code | Descriptor |
|----------|----------------------------------------------------------------------------------------------------------------|
| 57160 | Fitting and insertion of pessary or other intravaginal support device |
| 57150 | Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic or fungoid disease |

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Evaluation and Management Codes

Professional services are those face-to-face services rendered by a physician and reported by a specific CPT code(s). Physical examination and related services are reported with Evaluation and Management (E/M) codes. Follow up care/visits may be reported with applicable E/M codes. Medical record documentation must support that the complexity of the visit is consistent with the level of E/M code chosen. Refer to the CPT manual for details on E/M coding and for complete code descriptors.

| CPT Code | Medium Descriptor | | |
|-------------|--------------------------------------------------|---------------------|----------------------------------------------------------|
| New patient | | Established Patient | |
| 99201 | Office/outpatient visit, new patient, 10 minutes | 99211 | Office/outpatient visit, established patient, 5 minutes |
| 99202 | Office/outpatient visit, new patient, 20 minutes | 99212 | Office/outpatient visit, established patient, 10 minutes |
| 99203 | Office/outpatient visit, new patient, 30 minutes | 99213 | Office/outpatient visit, established patient, 15 minutes |
| 99204 | Office/outpatient visit, new patient, 45 minutes | 99214 | Office/outpatient visit, established patient, 25 minutes |
| 99205 | Office/outpatient visit, new patient, 60 minutes | 99215 | Office/outpatient visit, established patient, 40 minutes |

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ICD-9-CM Diagnosis Codes

Medicare and other payers require that procedures performed must be reasonable and necessary in order for services to be reimbursed. ICD-9 codes are reported to describe conditions, diagnoses, signs, and symptoms associated with a procedure. Each service/procedure billed should be supported by an ICD-9-CM diagnosis code that substantiates the need for the service provided. The selection of ICD-9-CM diagnosis codes is based on the patient's medical condition. Physicians must document patient diagnoses and procedures thoroughly and accurately.

Common codes that may support medical necessity of a pessary include:

| ICD-9-CM Diagnosis Codes | | | |
|--------------------------|-----------------------------------------------------------|--------|----------------------------------------------------------------------------|
| 618.00 | Unspecified prolapse of vaginal walls | 618.3 | Uterovaginal prolapse, complete |
| 618.01 | Cystocele, midline | 618.4 | Uterovaginal prolapse, unspecified |
| 618.02 | Cystocele, lateral | 618.5 | Prolapse of vaginal vault after hysterectomy |
| 618.03 | Urethrocele | 618.6 | Vaginal enterocele, congenital or acquired |
| 618.04 | Rectocele | 618.7 | Old laceration of muscles of pelvic floor |
| 618.05 | Perineocele | 618.8 | Other specified genital prolapse |
| 618.09 | Cystourethrocele | 618.81 | Incompetence or weakening of pubocervical tissue |
| 618.1 | Uterine prolapse without mention of vaginal wall prolapse | 618.82 | Incompetence or weakening of rectovaginal tissue |
| 618.2 | Uterovaginal prolapse, incomplete | 618.83 | Pelvic muscle wasting |
| | | 618.84 | Cervical stump prolapse |
| | | 618.89 | Other specified genital prolapse |
| | | 618.9 | Unspecified genital prolapse |
| | | 625.6 | Stress incontinence (female) |
| | | 654.50 | Cervical incompetence, unspecified as to episode of care or not applicable |
| | | 788.30 | Urinary incontinence, not otherwise specified |
| | | 788.33 | Mixed incontinence (female)(male) |

Healthcare Common Procedural Coding System (HCPCS) Supply Codes

Pessary supplies may be reported in addition to the fitting and associated procedures. Select as applicable.

| HCPCS Code | Descriptor |
|------------|----------------------------------------------------------|
| A4561 | Pessary, rubber, any type |
| A4562 | Pessary, non-rubber, any type |
| A4320 | Irrigation tray with bulb or piston syringe, any purpose |