

2021 Coding and Reimbursement Guide

Reimbursement and coding information provided herein is gathered from third-party sources and is subject to change. This information is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice, and is not intended as a guarantee of coverage or payment at any particular payment rate. CooperSurgical makes no representation or warranty regarding this information or its completeness, accuracy or timeliness. Laws, regulations and payer policies concerning reimbursement are complex and change frequently. The decision about which code(s) to report must be made by the billing provider/physician considering the clinical facts, circumstances, and applicable coding rules. The code(s) selected should be supported by the contents of any clinical notes and/or chart documentation. Please contact your third-party payer for more specific guidance.

Pessary Fitting Procedures

Payments for physician services are established by CPT codes according to a fee schedule. Under the Medicare Physician Fee Schedule, CPT codes are assigned Relative Value Units (RVUs) which represent the relative amount of physician work, resources and expertise needed to provide services to patients. Payments differ depending upon where the service is provided (facility or nonfacility) to accommodate the expenses associated with procedural equipment, personnel, supplies, etc.

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

ICD-10-CM Diagnosis Codes

Medicare and other payers require that procedures performed must be reasonable and necessary in order for services to be reimbursed. ICD-10 codes are reported to describe conditions, diagnoses, signs, and symptoms associated with a procedure. Each service/procedure billed should be supported by an ICD-10-CM diagnosis code that substantiates the need for the service provided. The selection of ICD-10-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-10-CN	I DIAGNOSIS CODES		
N39.3	Stress incontinence (female) (male)	N81.6	Rectocele
N39.46	Mixed incontinence	N81.81	Perineocele
N39.49	Other specified urinary incontinence	N81.82	Incompetence or weakening of pubocervical tissue
N81.0	Urethrocele	N81.83	Incompetence or weakening of rectovaginal tissue
N81.10	Cystocele, unspecified	N81.84	Pelvic muscle wasting
N81.11	Cystocele, midline	N81.85	Cervical stump prolapse
N81.12	Cystocele, lateral	N81.89	Other female genital prolapse
N81.2	Incomplete uterovaginal prolapse	N81.9	Female genital prolapse, unspecified
N81.3	Complete uterovaginal prolapse	N88.3	Incompetence of cervix uteri
N81.4	Uterovaginal prolapse, unspecified	N99.3	Prolapse of vaginal vault after hysterectomy
N81.5	Vaginal enterocele		





2021 Coding and Reimbursement Guide

Healthcare Common Procedural Coding System (HCPCS) Supply Codes

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

HCPCS CODE	DESCRIPTOR
A4561	Pessary, rubber, any type
A4562	Pessary, non-rubber, any type
A4320	Irrigation tray with bulb or piston syringe, any purpose

*For a complete list of ICD-10-CM diagnosis codes, please consult the 2021 ICD-10-CM codebook. CooperSurgical is not suggesting that the above CPT codes will be covered if you use these ICD codes.

According to the Medicare DMEPOS Jurisdiction List: pessaries (HCPCS codes A4561, A4562) provided in the physician office should be billed to the Local carrier and not the DME carrier. For a temporary condition, if provided in the physician's office HCPCS A4320 is incident to the physician's office and billed to the Local carrier. For a permanent condition, if provided in the physician's office or other place of service HCPCS A4320 is a prosthetic device and billed to the DME MAC.

For More Information

Contact the Reimbursement Center at 888.925.8166 or reimbursement@coopersurg.com

Sources:

- 2021 AMA CPT Professional Edition
- Medicare National Correct Coding Policy Manual, Physician Effective January 1, 2021
- 2021 ICD-10-CM The Complete Official Code Set, Optum 360
- 2021 HCPCS II Expert Optum 360

Current Procedural Terminology (CPT[®]) copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

