

CODING CORNER

By Michael A. Ferragamo, MD, FACS

On July 1, 2017, there were two coding changes that should be noted. CPT revealed a new bundling edit and a recommendation for a specific ICD-10-CM diagnostic code.

The add-on code, +51726, *insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)* has been bundled and included into CPT code 57288, *sling operation for stress incontinence, (eg, fascia or synthetic)*. This edit has a modifier edit indicator of "1" indicating that the bundling can be undone with a modifier such as modifiers -59 or X{EPSU}. Remember that 57267 as an add-on code still cannot be billed independently on its own but must be billed in conjunction with a primary CPT code, 45560, 57240, 57250, 57260, 57265, and 57285.

A clinical example of the above coding with a modifier would be:

Procedure: transvaginal sling, cystocele repair, and the placement of an anterior compartment mesh:

57288 for the sling, diagnosis N39.3, *stress incontinence*,

57240 for then cystocele repair, diagnosis N81.11, *midline cystocele*,

57267-59 or -XS, for the anterior compartment mesh, diagnosis N81.82, *weakness and incompetence of the pubocervical tissue*.

In this clinical scenario CPT code 57267 must be billed in conjunction with a primary code, 57240, and when billed in addition to CPT code 57288, add modifier -59 or XS (a separate structure) to undo the bundling edit between 57288 and 57267 and allow payment for both procedures.

The second change to note is that CPT code 51725, *endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck*, in the past have been paid with the following ICD-10-CM diagnoses*:

N36.41, *hypermobility of urethra*

N36.42, *intrinsic sphincter deficiency (ISD)*

N36.43, *combined hypermobility of urethra and intrinsic sphincter deficiency*

N36.44, *muscular disorders of urethra*

N39.3, *stress incontinence (female) (male)*

Please note that presently most insurance carriers including Medicare, for payment of 51715 whether performed in office or other facility, consider ICD-10-CM code N36.42 as the most appropriate primary diagnostic code for this procedure. Many insurers will deny payment when the other diagnoses are used. One should check with the particular carrier before submitting this claim and diagnosis. Coding N36.42 as the primary diagnosis and N39.3 as a secondary diagnosis would be an appropriate linking.

*Source: Surgical; Essential Links from CPT to ICD-10-CM and HCPCS, page 1491

Further assistance in urogynecology or urology coding can be obtained from Michael A. Ferragamo MD, FACS at liqgold2@aol.com.