

### Coding for Fitting and Insertion of a Pessary

A pessary is a device worn in the vagina for the treatment of pelvic organ prolapse or stress urinary incontinence. The pessary provides support of the vaginal walls or uterus when they have prolapsed by repositioning these organs to their original position. Some pessaries are specifically designed to stabilize the urethra for stress urinary incontinence. Pessaries can be used for short term or long term treatment. They require long term surveillance for fit and for the health of the vaginal walls. Pessaries can also be used as a diagnostic tool to determine if symptoms are related to prolapse found on examination and to aid in therapeutic decision making.

#### Current CPT Codes for Reporting the Fitting and Insertion of a Pessary or Maintenance Procedures:

57160: Fitting and insertion of pessary or other intra-vaginal support device

57150: Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic or fungoid disease

#### HCPCS Codes for Pessaries:

A4561: Pessary, rubber

A4562: Pessary, non-rubber

A4320: Irrigation tray with bulb or piston syringe, any purpose

#### CPT codes and RVU Table:

CPT	Description	2017 Total RVU Non-facility	2017 Total RVU Facility	2017 DME fee
57160	Fitting and insertion of pessary or other intravaginal support device	2.15	1.33	
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic or fungoid disease (Includes A4320)	1.27	0.82	
A4561	Pessary, rubber	0	0	\$ 20.21-26.94
A4562	Pessary, non rubber	0	0	\$ 50.27-67.03
A4320	Irrigation tray with bulb or piston syringe, any purpose	0	0	\$ 5.02-5.09

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### **Coding Information:**

The Pessary fitting code (CPT code 57160) is utilized for the initial fitting. The pessary supply code (A4562) is also used if the patient is provided the pessary by the clinician at that visit. Most pessaries currently manufactured are made of medical silicone, not rubber, making A4562 the more likely choice over A4561. The supply code for the pessary may be billed to private insurers using 99070. An E/M code may be billed concomitantly provided the E/M documentation indicates a separate evaluation for additional findings not related to the prolapse or incontinence or the pessary fitting was offered at the time of the encounter for other indications.

The 25 modifier is added to the E&M service in this case to designate the pessary procedure was separate and distinct from the encounter. A separate procedure note for the pessary fitting is required and typically assigned to the diagnosis code describing the reason for the fitting. 57160 is a 0 day global procedure and any other follow-up care should be separately reported.

Subsequent follow up visits for the purpose of removing and cleaning the pessary are billed using only the appropriate E/M level documented. 57160 should NOT be re-billed in these circumstances.

The pessary fitting, (CPT code 57160) may also be used at the time of subsequent encounters under certain circumstances, e.g. re-fitting the patient with a different size or type of pessary. The pessary code (A4562) is also used if the patient is provided a pessary at that encounter. An E/M code is typically not billed under these circumstance (for example the pessary fell out or was uncomfortable) unless a separate problem is addressed during the same encounter and separately documented. New onset or worsening urinary incontinence, urinary retention or bleeding are examples of additional diagnosis codes that may be concomitantly reported with the 25 modifier in these circumstances.

### **Coding Examples: Coding for Pessary related visits**

**Example #1:** 72 year old new patient presents with chief complaint of vaginal bulge. On exam she has a cystocele and uterine prolapse to the level of the hymen. A problem pertinent ROS and an expanded problem focused exam was performed. You counsel her regarding treatment options and she elects for pessary fitting. In addition to doing a full new patient visit that day, you proceed with pessary fitting in the office. The patient was fitted with a #4 ring pessary with support. She was provided with a pessary and given instructions to follow up in two weeks.

#### *Coding for this Visit:*

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99202X (level depends upon overall complexity of the encounter)  
-25 modifier (is added to the E & M service to designate that an additional service was provided)  
57160 – Pessary fitting (A separate procedure note describing the fitting of the pessary must be written).  
A4562 – physician supplies the pessary

**Example #2:** 80 year old female presents for pessary check. She feels her prolapse is well supported and denies any pain or bleeding. A problem pertinent ROS and a problem focused exam was performed. You remove the pessary. Speculum exam is normal with no signs of vaginal irritation and no abnormal discharge. You wash and replace the pessary. She has a few questions about her pessary, which you answer.

Appropriate E/M code: **99212**

**Example #3A:** 80 year old female presents for pessary check. She feels her prolapse is well supported and denies any pain or bleeding. You remove the pessary. Speculum exam is normal with no signs of vaginal irritation. She has scant physiologic appearing vaginal discharge with no odor. You irrigate the vagina using a 60 cc catheter tip syringe. You then wash and replace the pessary. She has a few questions about her pessary, which you answer.

*Coding for this visit:*

-99212

Bill only for the encounter. **-51750 should not be billed because it was done routinely and prophylactically and not as a treatment).**

**Example #3B:** Patient, who is using a pessary, presents earlier than recommended, with a chief complaint of an increasing vaginal discharge with odor. A problem pertinent ROS and an expanded problem focused exam was performed. There is no bleeding, pain or fever, but the discharge has become copious and is requiring her to wear pads. The pessary is removed, the vagina is inspected, and there is copious, green discharge with a fishy odor but no ulcers or bleeding. The pessary is removed, the vagina is irrigated (SEE NOTE) and the pessary is replaced. The patient is told to follow up as originally planned unless the discharge persists.

**PROCEDURE NOTE:** After removing the pessary a hydrogen peroxide solution is prepared. The visible discharge is removed using swabs. The vagina is irrigated with 60ml of this solution using a large piston syringe. The pessary is coated with a thin layer of Trimosan jelly and replaced.

**Diagnosis:** N81.2 – incomplete uterovaginal prolapse, N76.0 – acute vaginitis

*Coding for this visit:*

99213-25

57150

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*Explanation:* It is appropriate to bill separately for the vaginal irrigation in this case (as opposed to the former) as the patient presents with a chief complaint of vaginal discharge and has the new physical finding of an abnormal vaginal discharge. In this example the procedure note is separate and distinct from the E & M documentation. The E & M service can be linked to both the vaginitis diagnosis and the prolapse code (which is a stable problem being managed). Procedure code 57150 should only be linked to the vaginitis diagnosis. A level 3 E&M service is appropriate, given that a new problem is diagnosed and treated in addition to a stable chronic problem that is also being managed.

**Example #4:** 65 year old with stage 3 uterovaginal prolapse has been using a #2 gellhorn pessary for 3 years. She comes in every 3-4 months for a pessary check. At her visit she denies any bleeding, pain or abnormal vaginal discharge. A problem pertinent ROS and an expanded problem focused exam was performed. You remove her pessary and do a vaginal exam. The vagina is normal appearing with no ulcerations or lesions. You note the absence of vaginal bleeding or discharge. Moderate vaginal atrophy is present. The pessary appears discolored, with encrustations. You recommend replacement with a new #2 gellhorn pessary. You discuss this with the patient, and she is amenable. You also discuss adding vaginal estrogen 1 – 2 times weekly to treat the atrophy, and you prescribe estrogen cream.

*Coding for this visit:*

Dx: N81.2; N95.2

99213

A4562-Pessary

***Because the pessary was simply replaced with a new but otherwise identical pessary, no pessary fitting is billed.***

**Example #5:** 72 year old with stage 2 uterovaginal prolapse comes in for pessary check. She has been using a #3 gellhorn pessary for 3 years. She notes recently she has had some increase in vaginal discomfort, but no vaginal bleeding or increase in discharge. A problem pertinent ROS and an expanded problem focused exam was performed. You remove the pessary. On vaginal exam, you note a shallow epithelial ulcer without bleeding. You recommend trial of a smaller pessary. You place a #1 gellhorn and ask the patient to strain. With straining the pessary is extruded from the vagina. Next you try a #2 gellhorn. The patient strains and the pessary remains in place. You then ask the patient to ambulate in the room and attempt to urinate. She does this and notes the pessary is comfortable and seems to be supporting her prolapse well. You reexamine her, and the pessary is in the appropriate location in the vagina. You then have a discussion about using vaginal estrogen cream. She has questions about the risks and benefits, which you answer in detail. A prescription for vaginal estrogen is given and patient is instructed to return in one month for a follow up.

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*Diagnosis* – N98.8 – induced ulcer, N81.2

*Coding for this Visit:*

99213-25

A4562

57160

-Significant, separately identifiable evaluation and management [E/M] service by the same physician on the same day of the procedure or other service: **Modifier 25**

-Office visit note must **separately and explicitly** document the E/M portion of the visit (ie the patient visit) as well as a procedure note detailing the pessary fitting portion of the visit in order to bill the E/M code along with the pessary fitting code(s)

**References:**

- CPT is a registered trademark of the American Medical Association, Copyright 2017
- 2017 Medicare Physician Fee Schedule:  
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1654-F.html>
- ACOG 2017 Ob-Gyn Coding Manual, Components of Correct Procedural Coding

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