

As of January 1, 2018, CPT code 52000 should no longer be billed separately from these codes, with or without a -59 modifier.

This affects the following codes:

- CPT code 57240 Anterior Colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed
- CPT code 57260 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;
- CPT code 57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair

The Centers for Medicare and Medicaid Services (CMS) through its National Correct Coding Initiative (NCCI) conducts quarterly a review of CPT codes to update its list of code pairs that should not be billed separately (i.e., unbundled). As part of this quarterly review, NCCI applies its general correct coding policies to various code pairs to see if they should propose an edit. One of NCCI's correct coding policies is that if a CPT code descriptor includes the term "separate procedure", the CPT code may not be reported separately with a related procedure. CMS interprets this policy as prohibiting the separate reporting of a "separate procedure" when often performed with another procedure in an anatomically related region through the same skin incision, orifice, or surgical approach.

A procedure that Female Pelvic Medicine and Reconstructive Surgery (FPMRS) physicians frequently perform that has the terms "separate procedure," in its descriptor is CPT code 52000 – Cystourethroscopy (separate procedure). This has led to CPT code 52000 being subjected to many code pair edits. AUGS and ACOG have worked together to update the CPT descriptors for the anterior repair codes: CPT code 57240, 57260 and 5726, as noted above.

Please note that as of January 1, 2018, CPT code 52000 should no longer be billed separately from these codes, with or without a -59 modifier.

If you have any questions, please contact the AUGS Coding Committee at info@augs.org. Thank you.