



Advancing Female Pelvic Medicine
and Reconstructive Surgery

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Coding for Laparoscopic Sacral Colpopexy

Minimally invasive approaches to suspension of the vaginal apex have become much more common in the past decade. These procedures are used to support the vaginal apex in the setting of vaginal vault prolapse after hysterectomy and are also performed concomitantly with hysterectomy to correct symptomatic prolapse of the uterus and vaginal apex. This procedure supports the apex, as well as the anterior and posterior vaginal walls by means of an artificial graft (typically of polypropylene at present, although other materials have been used) which is affixed to the Anterior Longitudinal Ligament of the Sacrum just caudal to the Sacral Promontory. These grafts may be manufactured products, or may be fabricated by the surgeon from surgical materials during the procedure

CPT codes and RVU table from 2017 National Physician Fee Schedule:

CPT Code	Description	2017 Work RVU's	2017 Total RVU's (Facility)
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	17.03	27.51
57280	Colpopexy, abdominal approach	16.72	27.07
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	11.66	19.53
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	14.3	23.93

Last Updated by the AUGS Coding and Reimbursement Committee on January 2017

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Billing Tips:

All three colpopexy codes have a 90-day global period. Should revision of the graft be required within this global period, be sure to use an appropriate modifier, such as -78 (unplanned return to OR for a related procedure).

Revision of a vaginal graft via laparoscopic approach, CPT code 57425 and revision of prosthetic vaginal graft, vaginal approach do not include replacement, and so these codes may be billed if a previous graft (e.g., transvaginal mesh graft) is removed surgically at the time of laparoscopic sacral colpopexy. The relevant code is determined by the route of removal.

Report CPT code 10120 Incision and removal of foreign body, subcutaneous tissue-simple with a -78 modifier if mesh exposure is treated in the office within the 90-day global period.

Documentation:

Appropriate documentation of CPT code 57425 will include a description of the graft which was placed (brand name and manufacturer if a commercially available graft if used, or a description of the material and methods used to fabricate the graft if the surgeon fabricates his/her own graft at the time of surgery), as well as a description of the dissection and placement of each of the arms of the graft. There should be documentation of the dissection of the anterior (i.e., vesicovaginal space) dissection, posterior (i.e., rectovaginal space) dissection, as well as the means by which the graft was affixed to the anterior and posterior vaginal walls. Documentation should also include description of the presacral space dissection, as well as the means of fixation of the tail of the graft to the Anterior Longitudinal Ligament of the Sacrum.

Coding Pitfalls:

CPT code 57425 should **not** be used to report routine reattachment of the uterosacral ligaments to the vaginal cuff after completion of hysterectomy. This is considered a routine component of the hysterectomy procedure and cannot be separately coded.

CPT code 57425 is specific to vaginal suspensory procedures which involve placement of an artificial graft material to suspend the vagina from the sacrum. Suspension procedures which do not involve placement of a graft or which do not involve suspension from the sacrum should be reported with an alternative code. For example, laparoscopic uterosacral ligament fixation involves suspending the vaginal apex from shortened, plicated uterosacral ligaments in a manner analogous to the vaginal uterosacral ligament fixation. The preferred alternative code for such a procedure would be CPT code 58999 (unlisted procedure, female genital system, non-obstetrical) with reference to either CPT code 57283 (colpopexy vaginal, intraperitoneal) or perhaps 57270 (repair of enterocele, abdominal approach, separate procedure) if enterocele is present.

Last Updated by the AUGS Coding and Reimbursement Committee on September 25, 2015

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A second alternative, use of the modifier -52 (reduced services) with CPT code 57425 is not recommended in this situation as the repair is not a limited portion of CPT code 57425, but a distinct procedure using different anatomic concepts to effect suspension of the vagina.

CPT code 57280 is an open surgical code for sacral colpopexy, and is not appropriate to bill in the setting of a laparoscopic procedure. As with CPT code 57425 it is specific to a procedure which includes an artificial graft placed on the anterior and posterior vaginal walls, and affixed to the sacrum. Open uterosacral ligament fixations, should be coded in a manner similar to that described in the preceding paragraph using an unlisted code and appropriate reference code.

References:

Current Procedural Terminology (CPT) is copyright 2016, American Medical Association

2016 Medicare Physician Fee Schedule: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1631-FC.html>

ACOG Ob/Gyn Coding Manual: Components of Correct Procedural Coding, 2016

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