

## President's Perspective March 11, 2015

### Vaginal Hysterectomy Coding Update: Claims Eligible for Resubmission on April 1

As has been stated in the past... "It takes a village" to reverse coding audits...

For the past four months AUGS has been leading the effort with ACOG, SGS, AUA and SUFU to correct coding changes that went into effect on October 1. Many thanks to Doug Hale, for leading these efforts from our Board's perspective and Marc Toglia, for co-leading the efforts with the AUGS Coding Committee. Because of their hard work and dedication and the work of the AUGS Coding Committee, we were able to report on February 9th that the NCCI and CMS have responded to our detailed feedback, and, as a result, they have successfully modified a significant number of coding edits. Hopefully you have been following AUGS progress on this issue by reading my previous Presidential Blogs.

This communication, developed by the Coding Committee, provides members with specific instructions on what is retroactive. **Please share this with your billing staff.**

These changes will go into effect on April 1, 2015 and will be retroactive to October 1, 2014.

1. The CPT code 57260 (combined anteroposterior colporrhaphy) can now be billed at the time of vaginal hysterectomy without any modifier, as this coding edit has been dropped.

2. The CPT codes for vaginal hysterectomy can now be billed with the CPT codes for vaginal vault suspension (both intra- and extra-peritoneal) with the use of NCCI-associated modifiers to bypass the edit. Additionally, the codes for vaginal hysterectomy with enterocele repair can now be billed with the code for anteroposterior colporrhaphy with the use of NCCI-associated modifiers. **Thus, while the NCCI maintained these edits, these edits can be overridden with CPT modifier -59 when the surgeon feels that the amount of work performed is significantly more than the base procedure.** Thus, it will be imperative for the surgeon to document the extra work that these additional procedures entail in the operative report. Routine purse string closure of the peritoneum or simple angle sutures using the tagged ends of the uterosacral ligaments will not suffice. These are considered part of a normal vaginal hysterectomy. Dictations will need to demonstrate the extra work that was required including the additional dissection, exposure and the number of sutures placed and location. For a detailed list of CPT codes that can now be billed concomitantly with a modifier, please see Table 1 at the end of this notification and visit the AUGS website to obtain a grid.

3. Implementation of 6 additional, new NCCI edits was to go into effect on April 1, 2015. At the present time, **implementation of these edits has been delayed**, at least till July 1, 2015 and we continue to work to oppose these edits:

57263/57250	58292/57250
58267/57240	58293/57240
58270/57250	58294/57250

Table 1: CPT Codes that can be billed together with NCCI-associated modifier

57263	57282
58270	57282
58280	57282
58292	57282
58294	57282
57545	57280
58263	57260
58270	57260
58292	57260
58294	57260
58267	57260
58267	57260
58293	57260
58550	57280
58260	57282
58260	57283
58262	57282
58262	57283
58263	57282
58267	57282
58267	57283
58270	57282
58275	57282
58275	57283
58280	57282
58285	57282
58285	57283
58290	57282
58290	57283
58291	57282
58292	57282
58293	57282
58293	57283
58294	57282
58550	57282
58550	57283
58552	57282
58553	57282
58554	57282

Please visit <http://www.augs.org/d/do/3688> to access an excel grid of all these edit pairs with their CPT descriptors.

4. AUGS will be providing an educational piece next week to its members of examples regarding how to bill coding pairs with the use of NCCI approved modifiers when appropriate to override the edit. Here are some initial examples of procedures that AUGS members frequently perform:

As examples of how the current billing system as of April 1, 2015 will differ from the prior system before October 1, 2014:

- Prior billing system: 58260 +57260-51 + 57283-51  
Current billing system: 58260 + 57260-51 + 57283-59
- Prior billing system: 58260 +57240-51 + 57283-51  
Current billing system: 58260 + 57240-51 + 57283-59
- Prior billing system: 58260 +57250-51 + 57283-51  
Current billing system: 58260 + 57250-51 + 57283-59
- Prior billing system: 58294 + 57282-51  
Current billing system: 58294 + 57282-59

#### Background

As you all know, the Centers for Medicare and Medicaid Services (CMS), issued a recent set of National Correct Coding Initiative (NCCI) edits relevant to our specialty on October 1, 2014. As you may recall, these edits would have “bundled” procedures for high uterosacral vaginal vault suspension (also known as vaginal colpopexy –

intraperitoneal approach - CPT code 57283) and combined anteroposterior colporrhaphy (CPT code 57260) when they are performed at the time of vaginal hysterectomy. Prior to these NCCI edits, these procedures were able to be billed together and separately paid for by Medicare. Previously, the additional procedures were subjected to a -51 modifier, designating multiple procedures and reducing payment for these additional services by approximately 50%.

These October 1, 2014 edits were for additional procedures performed at the time of vaginal hysterectomy including: Abdominal sacrocolpopexy (code 57280); extraperitoneal vaginal colpopexy (eg, sacrospinous ligament suspension, code 57282); and, abdominal paravaginal repair (code 57284). For a full version of these original October 1, 2014 edits, see the CMS website at [www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html](http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html). This will help you to determine which claims need to be re-submitted now that these edits have been addressed retro-actively to October 1, 2014.

We are pleased that NCCI and CMS have been receptive to our feedback thus far and that AUGS was able to reverse these October 1, 2014 edits and make this change in NCCI policy retroactive to October 1, 2014. We intend to stay in discussion with CMS regarding the burden of the use of NCCI approved modifiers to override these remaining edits where appropriate. We will continue to keep our members informed.

Also, we ask that you, our AUGS members, keep us informed as well regarding your experience with using NCCI approved modifiers to override the edits and receiving appropriate reimbursement for both services performed. We ask that each member send us an email at [info@AUGS.org](mailto:info@AUGS.org) outlining your experiences.  
Sincerely,

Amy Rosenman, MD  
President