

Coding for Sling Operations, Sling Revision and Urethrolysis

Sling procedures are performed by the treatment of stress urinary incontinence in women. These codes are applicable to all types of sling procedures, including autologous, biologic graft, or synthetic slings, placed at either the bladder neck or mid-urethra. They include all of the current approaches such as retropubic, obturator and single incision.

Current CPT Codes for Reporting sling procedures:

CPT code 57288 *Sling operation for stress incontinence (fascia or synthetic)*

CPT code 57287 *Removal or revision of sling for stress incontinence (fascia or synthetic)*

CPT code 51992 *Laparoscopic sling operation of stress incontinence (fascia or synthetic)*

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

CPT code	Description	Total RVU (Non-Facility)	Total RVU's (Facility)
57288	Sling operation for SUI (fascia or synthetic)	NA	20.43
57287	Removal or revision of sling for SUI (fascia or synthetic)	NA	19.44
51992	laparoscopic sling operation for stress incontinence	NA	24.23
53500	Urethrolysis, transvaginal, secondary	NA	21.60

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

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Billing Tips:

Both 57287 and 57288 have a 90 day global period. Should a sling revision be surgically necessary during this global period, be sure to use an appropriate modifier, such as -78, as this is an unplanned return to the OR for a related procedure.

Revision of sling 57287 includes replacement of a sling (57288) when performed on the same date of service. It doesn't matter if the new sling uses a different approach – eg autologous sling following revision of the mid urethral sling.

Report CPT code 10120 *Incision and removal of foreign body, subcutaneous tissue- simple* with a -78 modifier if the mesh extrusion is treated in the office (*unplanned return to OR / procedure room*) by the same physician or other qualified healthcare physician if extrusion occurs in the 90-day global period

Report CPT code 53500 *urethrolysis, transvaginal, secondary, open, including cystourethroscopy* if periurethral adhesiolysis is typically reported when done for a separate diagnosis/indication such as postsurgical obstruction due to scarring. This code is used to report removal of scar tissue surrounding the urethra and mobilization of the urethra through lysis of adhesions. This should only be reported, in addition to 57287, if the lysis of adhesions is distinct and separate from the work done to mobilize and remove or revise the existing sling.

Cystoscopy, 52000, when routinely performed to exclude bladder or urethral injury cannot be reported separately.

Coding Pitfalls:

CPT code 53899 *Urethrolysis of periurethral scar tissue after a retropubic urethropexy - Burch*, should only be used for urethrolysis by a retropubic approach

Typically, cystoscopy at the time of a sling revision is not separately reimbursed. However, in circumstances where the cystoscopy is performed for a separate indication and/or separate diagnosis, 52000 can be reported with the appropriate modifier.

The global service includes postoperative visits to remove or replace bladder catheters

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References:

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- 2017 Medicare Physician Fee Schedule

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