



# Pelvic Floor

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## Reimbursement & Coding Guide







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# Reimbursement and Coding Guide

Pelvic Floor Matrix products are biologically-derived devices comprised of Porcine Urinary Bladder Matrix (UBM), a patented, proprietary technology of ACell, Inc. The Pelvic Floor Matrix maintains an intact epithelial basement membrane, and facilitates the body's ability to form site-specific tissue at the site of the pelvic floor defect. The product will resorb over time, leaving behind constructively remodeled tissue to continue supporting the patient's pelvic anatomy.

Reimbursement and eligibility for coverage for the use of these products and associated procedures varies by Medicare and payers. Coverage policies, prior authorizations, contract terms, billing edits, and site of service influence reimbursement. It is recommended that providers verify coverage and billing policies for all planned procedures and products that may be used.

The following information is shared for educational purposes only to help answer common coding and reimbursement questions. While ACell believes this information to be correct, information is subject to change without notice.

For assistance with reimbursement questions, contact the Reimbursement Hotline at **reimbursement@acell.com** or call **800-826-2926 x7**.

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**PLEASE NOTE:** The payments specified in this document reflect Medicare national unadjusted published payments from the Centers for Medicare & Medicaid Services (CMS). Actual payment rates will vary based on geographical adjustments. As such, all codes provided herein are for illustrative purposes and shall not be construed as a warranty, statement, promise or guarantee that these codes are accurate or that the product will be covered in all instances, and if covered, that reimbursement in the amounts specified will be received.

The decision of how to complete a reimbursement claim form, including codes and amounts to bill, is exclusively the responsibility of the QHPs and other providers. Coding requirements are subject to change at any time; please check with your local payer regularly for updates.

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**Rx ONLY** - Refer to IFU with each device for indications, contraindications, and precautions. US Toll-Free 800-826-2926 ©2017 ACell, Inc. All Rights Reserved.

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# Indications for Use

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## Refer to Product Label for Full Instructions for Use

**Pelvic Floor Matrix\* (6-layer)** is intended for implantation to reinforce soft tissue where weakness exists in patients requiring urological or gynecological surgery. Reinforcement of soft tissue within urological and gynecological surgery includes, but is not limited to, the following procedures: pubourethral support, urethral and vaginal prolapse repair, reconstruction of pelvic floor, and bladder support. By providing pubourethral support, Pelvic Floor Matrix may be used for the treatment of urinary incontinence resulting from urethral hypermobility and intrinsic sphincter deficiency.

\*Also marketed as MatriStem® Pelvic Floor Matrix.

# Pelvic Organ Prolapse: CPT Codes and Medicare Payments

## Physician and Outpatient Facility

The following tables are examples of potential CPT codes that may be utilized when reporting pelvic procedures.

### Anterior Wall (Cystocele) Repair

CPT Code	Descriptor	2017 Physician: Medicare National Payment	APC and Status Indicator		2017 Hospital Outpatient: Medicare National Payment	2017 ASC: Medicare National Payment
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach <small>NOTE: INSERTION OF MESH IS NOT SEPARATELY REPORTED</small>	\$833.37	5415	(J1)	\$3,809.24	N/A
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach <small>NOTE: INSERTION OF MESH MAY BE SEPARATELY REPORTED +57267</small>	\$687.29	5416	(J1)	\$5,863.59	N/A
+57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach. (List separately in addition to code for primary procedure)	\$262.36	(N)		Packaged	Packaged
57423	Paravaginal defect repair (including repair of cystocele, if performed); laparoscopic approach <small>NOTE: INSERTION OF MESH IS NOT SEPARATELY REPORTED</small>	\$930.99	5362	(J1)	\$6,966.89	N/A

## Posterior Wall (Rectocele) Repair

CPT Code	Descriptor	2017 Physician: Medicare National Payment	Hospital Outpatient: APC and (Status Indicator)		2017 Hospital Outpatient: Medicare National Payment	2017 ASC: Medicare National Payment
<b>45560</b>	Repair of rectocele (separate procedure) ----- <b>NOTE:</b> INSERTION OF MESH MAY BE SEPARATELY REPORTED +57267	\$712.78	5314	(J1)	\$2,166.60	\$1,113.05 ----- SUBJECT TO MULTIPLE PROCEDURE DISCOUNTING
<b>+57267</b>	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach. (List separately in addition to code for primary procedure)	\$262.36	(N)		Packaged	Packaged
<b>57250</b>	Repair rectum and vagina ----- <b>NOTE:</b> INSERTION OF MESH MAY BE SEPARATELY REPORTED +57267	\$689.81	5415	(J1)	\$3,809.24	\$1,794.97 ----- SUBJECT TO MULTIPLE PROCEDURE DISCOUNTING

## Combined Anatomy and Physiology Procedures that Include Perineorrhaphy

CPT Code	Descriptor	2017 Physician: Medicare National Payment	Hospital Outpatient: APC and (Status Indicator)		2017 Hospital Outpatient: Medicare National Payment	2017 ASC: Medicare National Payment
<b>57260</b>	Repair of vagina ----- <b>NOTE:</b> INSERTION OF MESH MAY BE SEPARATELY REPORTED +57267	\$849.52	5415	(J1)	\$3,809.24	\$1,794.97 ----- SUBJECT TO MULTIPLE PROCEDURE DISCOUNTING
<b>+57267</b>	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach. (List separately in addition to code for primary procedure)	\$262.36	(N)		Packaged	Packaged
<b>57265</b>	Combined anteroposterior colporrhaphy; with enterocele repair ----- <b>NOTE:</b> INSERTION OF MESH MAY BE SEPARATELY REPORTED +57267	\$930.99	5415	(J1)	\$3,660.20	\$1,794.97 ----- SUBJECT TO MULTIPLE PROCEDURE DISCOUNTING

## Enterocoele Repair

CPT Code	Descriptor	2017 Physician: Medicare National Payment	Hospital Outpatient: APC and (Status Indicator)		2017 Hospital Outpatient: Medicare National Payment	2017 ASC: Medicare National Payment
57268	Repair of enterocele, vaginal approach <small>NOTE: INSERTION OF MESH IS NOT SEPARATELY REPORTED</small>	\$494.21	5414	(J1)	\$2,084.59	\$1,065.30 <small>SUBJECT TO MULTIPLE PROCEDURE DISCOUNTING</small>
57270	Repair of enterocele, abdominal approach <small>NOTE: INSERTION OF MESH IS NOT SEPARATELY REPORTED</small>	\$819.37	(C)		N/A	N/A
57283	Colpopexy, vaginal, intra-peritoneal approach <small>NOTE: INSERTION OF MESH IS NOT SEPARATELY REPORTED</small>	\$703.09	5416	(J1)	\$5,863.59	N/A

## Vaginal Vault Prolapse Repair

CPT Code	Descriptor	2017 Physician: Medicare National Payment	Hospital Outpatient: APC and (Status Indicator)		2017 Hospital Outpatient: Medicare National Payment	2017 ASC: Medicare National Payment
57280	Colpopexy, abdominal approach	\$975.13	(C)		N/A	N/A
57282	Colpopexy, vaginal; extra-peritoneal approach	\$511.07	5416	(J1)	\$5,863.59	N/A
57425	Laparoscopy, surgical, colpopexy	\$991.64	5362	(J1)	\$6,966.89	N/A

**C:** Not paid under outpatient; inpatient procedure only

**J1** Paid under OPPS. Hospital Part B services paid through a Comprehensive APC; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS SI=F,G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services

**N:** Items and services are packaged into payment for other services

## HCPCS "C" Codes:

### Product, Hospital Outpatient

"C" codes are only reported by hospitals. When devices are used in combination with associated procedures provided in the outpatient setting, hospitals report these codes for Medicare patient procedures. While the following codes are not paid separately from the procedure, reporting these codes and assignment of charges identify device-related costs. This is important for future rate-setting by Medicare. Private payer policies vary regarding if they require the use of these "C" codes.

The following table includes examples of potential HCPCS procedure codes that are available to hospitals when reporting pelvic procedures.

HCPCS Code	Definition	Medicare Payment
C1781 Mesh (implantable)	A mesh implant or synthetic patch composed of absorbable or non-absorbable material that is used to repair hernias, support weakened or attenuated tissue, cover tissue defects, etc.	Payment Indicator N1: Packaged service/item; no separate payment made
C1763 Connective tissue, non-human (includes synthetic)	Connective tissue, non-human (includes synthetic) - These tissues include a natural, acellular collagen matrix typically obtained from porcine or bovine small intestinal submucosa, or pericardium. This bio-material is intended to repair or support damaged or inadequate soft tissue. They are used to treat urinary incontinence resulting from hypermobility or Intrinsic Sphincter Deficiency (ISD), pelvic floor repair, or for implantation to reinforce soft tissues where weakness exists in the urological or musculoskeletal anatomy.	

## Hospital Inpatient Codes and Payments:

Medicare uses a prospective payment system to reimburse hospitals for inpatient services based on Medicare Severity Diagnosis Related Groups (MS-DRGs). Services are classified into clinically cohesive groups that exhibit similar use of hospital resources. Hospitals receive a single payment for all services provided during an inpatient admission based on the MS-DRG assigned, regardless of the actual length of stay or costs of services. Only one MS-DRG may be assigned per patient stay. The MS-DRG assignment to the categories of Complications or Comorbidities (CCs) and/or Major Complications or Comorbidities (MCCs) is influenced by the medical record documentation describing the clinical circumstances. Diagnoses and procedures are reported with ICD-10 codes.

The following tables are examples of potential ICD-10 procedure codes that are available for hospitals when reporting inpatient pelvic procedures.



# Anterior Wall (Cystocele), Enterocele, and Vaginal Vault Prolapse Repair ICD-10-PCS Codes

## 0JQ - Medical and Surgical Subcutaneous Tissue and Fascia - Repair

<b>Section:</b>	0 - Medical and Surgical		
<b>Body System:</b>	J - Subcutaneous Tissue and Fascia		
<b>Operation:</b>	Q - Repair: Restoring, to the extent possible, a body part to its normal anatomic structure and function		
Body Part	Approach	Device	Qualifier
<b>0</b> - Subcutaneous Tissue and Fascia, Scalp <b>1</b> - Subcutaneous Tissue and Fascia, Face <b>4</b> - Subcutaneous Tissue and Fascia, Anterior Neck <b>5</b> - Subcutaneous Tissue and Fascia, Posterior Neck <b>6</b> - Subcutaneous Tissue and Fascia, Chest <b>7</b> - Subcutaneous Tissue and Fascia, Back <b>8</b> - Subcutaneous Tissue and Fascia, Abdomen <b>9</b> - Subcutaneous Tissue and Fascia, Buttock <b>B</b> - Subcutaneous Tissue and Fascia, Perineum <b>C</b> - Subcutaneous Tissue and Fascia, Pelvic Region <b>D</b> - Subcutaneous Tissue and Fascia, Right Upper Arm <b>F</b> - Subcutaneous Tissue and Fascia, Left Upper Arm <b>G</b> - Subcutaneous Tissue and Fascia, Right Lower Arm <b>H</b> - Subcutaneous Tissue and Fascia, Left Lower Arm <b>J</b> - Subcutaneous Tissue and Fascia, Right Hand <b>K</b> - Subcutaneous Tissue and Fascia, Left Hand <b>L</b> - Subcutaneous Tissue and Fascia, Right Upper Leg <b>M</b> - Subcutaneous Tissue and Fascia, Left Upper Leg <b>N</b> - Subcutaneous Tissue and Fascia, Right Lower Leg <b>P</b> - Subcutaneous Tissue and Fascia, Left Lower Leg <b>Q</b> - Subcutaneous Tissue and Fascia, Right Foot <b>R</b> - Subcutaneous Tissue and Fascia, Left Foot	<b>X</b> - Open <b>3</b> - Percutaneous	<b>Z</b> - No Device	<b>Z</b> - No Qualifier

# Anterior Wall (Cystocele), Enterocele, and Vaginal Vault Prolapse Repair ICD-10-PCS Codes (continued)

## OJR - Medical and Surgical Subcutaneous Tissue and Fascia - Replacement

<b>Section:</b>	0 - Medical and Surgical		
<b>Body System:</b>	J - Subcutaneous Tissue and Fascia		
<b>Operation:</b>	R - Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part		
Body Part	Approach	Device	Qualifier
<b>0</b> - Subcutaneous Tissue and Fascia, Scalp <b>1</b> - Subcutaneous Tissue and Fascia, Face <b>4</b> - Subcutaneous Tissue and Fascia, Anterior Neck <b>5</b> - Subcutaneous Tissue and Fascia, Posterior Neck <b>6</b> - Subcutaneous Tissue and Fascia, Chest <b>7</b> - Subcutaneous Tissue and Fascia, Back <b>8</b> - Subcutaneous Tissue and Fascia, Abdomen <b>9</b> - Subcutaneous Tissue and Fascia, Buttock <b>B</b> - Subcutaneous Tissue and Fascia, Perineum <b>C</b> - Subcutaneous Tissue and Fascia, Pelvic Region <b>D</b> - Subcutaneous Tissue and Fascia, Right Upper Arm <b>F</b> - Subcutaneous Tissue and Fascia, Left Upper Arm <b>G</b> - Subcutaneous Tissue and Fascia, Right Lower Arm <b>H</b> - Subcutaneous Tissue and Fascia, Left Lower Arm <b>J</b> - Subcutaneous Tissue and Fascia, Right Hand <b>K</b> - Subcutaneous Tissue and Fascia, Left Hand <b>L</b> - Subcutaneous Tissue and Fascia, Right Upper Leg <b>M</b> - Subcutaneous Tissue and Fascia, Left Upper Leg <b>N</b> - Subcutaneous Tissue and Fascia, Right Lower Leg <b>P</b> - Subcutaneous Tissue and Fascia, Left Lower Leg <b>Q</b> - Subcutaneous Tissue and Fascia, Right Foot <b>R</b> - Subcutaneous Tissue and Fascia, Left Foot	<b>X</b> - Open <b>3</b> - Percutaneous	<b>7</b> - Autologous Tissue Substitute <b>J</b> - Synthetic Substitute <b>K</b> - Nonautologous Tissue Substitute	<b>Z</b> - No Qualifier

# Anterior Wall (Cystocele), Enterocele, and Vaginal Vault Prolapse Repair ICD-10-PCS Codes

## 0JU - Medical and Surgical Subcutaneous Tissue and Fascia - Supplement

<b>Section:</b>	0 - Medical and Surgical		
<b>Body System:</b>	J - Subcutaneous Tissue and Fascia		
<b>Operation:</b>	U - Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part		
Body Part	Approach	Device	Qualifier
<b>0</b> - Subcutaneous Tissue and Fascia, Scalp <b>1</b> - Subcutaneous Tissue and Fascia, Face <b>4</b> - Subcutaneous Tissue and Fascia, Anterior Neck <b>5</b> - Subcutaneous Tissue and Fascia, Posterior Neck <b>6</b> - Subcutaneous Tissue and Fascia, Chest <b>7</b> - Subcutaneous Tissue and Fascia, Back <b>8</b> - Subcutaneous Tissue and Fascia, Abdomen <b>9</b> - Subcutaneous Tissue and Fascia, Buttock <b>B</b> - Subcutaneous Tissue and Fascia, Perineum <b>C</b> - Subcutaneous Tissue and Fascia, Pelvic Region <b>D</b> - Subcutaneous Tissue and Fascia, Right Upper Arm <b>F</b> - Subcutaneous Tissue and Fascia, Left Upper Arm <b>G</b> - Subcutaneous Tissue and Fascia, Right Lower Arm <b>H</b> - Subcutaneous Tissue and Fascia, Left Lower Arm <b>J</b> - Subcutaneous Tissue and Fascia, Right Hand <b>K</b> - Subcutaneous Tissue and Fascia, Left Hand <b>L</b> - Subcutaneous Tissue and Fascia, Right Upper Leg <b>M</b> - Subcutaneous Tissue and Fascia, Left Upper Leg <b>N</b> - Subcutaneous Tissue and Fascia, Right Lower Leg <b>P</b> - Subcutaneous Tissue and Fascia, Left Lower Leg <b>Q</b> - Subcutaneous Tissue and Fascia, Right Foot <b>R</b> - Subcutaneous Tissue and Fascia, Left Foot	<b>X</b> - Open <b>3</b> - Percutaneous	<b>7</b> - Autologous Tissue Substitute <b>J</b> - Synthetic Substitute <b>K</b> - Nonautologous Tissue Substitute	<b>Z</b> - No Qualifier

# Anterior Wall (Cystocele), Enterocele, and Vaginal Vault Prolapse Repair ICD-10-PCS Codes (continued)

## OUQ - Medical and Surgical Female Reproductive System - Repair

<b>Section:</b>	<b>0 - Medical and Surgical</b>		
<b>Body System:</b>	<b>U - Female Reproductive System</b>		
<b>Operation:</b>	<b>Q - Repair: Restoring, to the extent possible, a body part to its normal anatomic structure and function</b>		
Body Part	Approach	Device	Qualifier
<b>0</b> - Ovary, Right <b>1</b> - Ovary, Left <b>2</b> - Ovaries, Bilateral <b>4</b> - Uterine Supporting Structure	<b>0</b> - Open <b>3</b> - Percutaneous <b>4</b> - Percutaneous Endoscopic	<b>Z</b> - No Device	<b>Z</b> - No Qualifier
Body Part	Approach	Device	Qualifier
<b>5</b> - Fallopian Tube, Right <b>6</b> - Fallopian Tube, Left <b>7</b> - Fallopian Tubes, Bilateral <b>9</b> - Uterus <b>C</b> - Cervix <b>F</b> - Cul-de-sac	<b>0</b> - Open <b>3</b> - Percutaneous <b>4</b> - Percutaneous Endoscopic <b>7</b> - Via Natural or Artificial Opening <b>8</b> - Via Natural or Artificial Opening Endoscopic	<b>Z</b> - No Device	<b>Z</b> - No Qualifier
Body Part	Approach	Device	Qualifier
<b>G</b> - Vagina <b>K</b> - Hymen	<b>0</b> - Open <b>3</b> - Percutaneous <b>4</b> - Percutaneous Endoscopic <b>7</b> - Via Natural or Artificial Opening	<b>Z</b> - No Device	<b>Z</b> - No Qualifier
Body Part	Approach	Device	Qualifier
<b>J</b> - Clitoris <b>L</b> - Vestibular Gland <b>M</b> - Vulva	<b>0</b> - Open <b>X</b> - External	<b>Z</b> - No Device	<b>Z</b> - No Qualifier

## MS-DRGs - Hospital Inpatients

Pelvic Floor Matrix product payment is included in the DRG payment; may be identified on the hospital claim using the HCPCS and/or revenue code; captured as a surgical supply for hospital cost accounting.

MS-DRG	Description	FY 2016 Medicare National Payment
662	Minor bladder procedures w/mcc	\$17,088.05
663	Minor bladder procedures w/cc	\$8,896.04
664	Minor bladder procedures w/o cc/mcc	\$7,173.77
748	Female reproductive system reconstructive procedures	\$7,052.10

## Sources

- CPT® 2017 Professional Codebook
- CPT® Assistant through 2017
- CPT® Changes through 2017
- Medicare - National Correct Coding Policy Manual, Physician Version 22.3 Effective October 1, 2016
- 2017 Medicare Hospital Outpatient Prospective Payment System (CMS-1656-F) Addendum B
- 2017 Ambulatory Surgery Center Prospective Payment System (CMS-1656-F) Addendum A
- CMS-1654-F Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017/Downloads Physician Fee Schedule RVU File



## The ACell Reimbursement Hotline

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Monday - Friday: 9:00 am - 5:00 pm, Eastern  
800-826-2926, x 7 | [acellreimbursement@1jra.com](mailto:acellreimbursement@1jra.com)

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ACell's Reimbursement Hotline is dedicated to providing answers to all of your reimbursement questions. It also serves as a resource for obtaining accurate billing information and reimbursement support for ACell's surgical products.





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