

# DILAPAN-S® BILLING AND CODING GUIDE

The following provides 2021 Medicare national average Physician Fee Schedule (MPFS) and facility payment rates for the CPT® code(s) that may be used to report the induction of labor procedure. Payers may have specific coding, reimbursement requirements and policies. Before filing any claims, it is recommended that healthcare professionals verify current reimbursement and policies with their local payer. Payment may vary by region.

## Device Description

Dilapan-S is an FDA-cleared, osmotic, hygroscopic, cervical dilator rod composed of Aquacryl®, a synthetic patented hydrogel. Each Dilapan-S rod absorbs fluid from the surrounding cervical tissue and expands to several times its original diameter, gradually softening and dilating the cervix.<sup>1,2</sup> Dilapan-S contains no pharmacologically active substance.<sup>1</sup>

## Indications for Use

Dilapan-S is for use by healthcare professionals trained in OB-GYN and is for use whenever cervical softening and dilation are desired, such as cervical ripening during term labor induction or gynecological procedures that require cervical preparation.<sup>1</sup>

## Physician Payment

Medicare reimburses physicians according to the Medicare Physician Fee Schedule (MPFS), which is based on Relative Value Units (RVUs), and payments vary by geographic region. Physicians bill Medicare and other payers for services performed regardless of whether the service takes place in the physician's office, a hospital, or other outpatient facility.

### CY 2021 Final Physician Payment

| CPT® Code <sup>3</sup> | Description   | Non-Facility (Office) |  | Facility (Inpatient; Outpatient) |  |
|------------------------|---|-----------------------|--|----------------------------------|--|
|                        |   | RVUs                  | Medicare National Payment <sup>4</sup> | RVUs                             | Medicare National Payment <sup>4</sup> |
| 59200                  | Insertion of cervical dilator (e.g., laminaria, prostaglandin) (separate procedure) | 2.97                  | \$103.63                               | 1.31                             | \$45.71                                |

- If this service was performed one day or more prior to a delivery, it can be reported separately. Use modifier 59 or other appropriate X[EPSU] sub-modifier per payer policy.<sup>5</sup>
- Modifier 59: Distinct Procedural Service<sup>3</sup>
- If this service was performed on the same day as a delivery, it is considered part of the global obstetric package and not reported separately.<sup>5</sup>

# Outpatient Facility Reimbursement

Hospital outpatient services are reimbursed under the Medicare Outpatient Prospective Payment System (OPPS) based on the associated Ambulatory Payment Classification (APC). Procedures requiring similar resources are grouped into APCs and facilities are paid a lump sum payment for the services provided.

## CY 2021 Final Hospital Outpatient Payment

| CPT® Code <sup>3</sup> | Description   | Hospital Outpatient |                               |  |
|------------------------|---|---------------------|-------------------------------|--|
|                        |   | APC                 | Status Indicator <sup>6</sup> | Medicare National Average Payment <sup>7</sup> |
| 59200                  | Insertion of cervical dilator (e.g., laminaria, prostaglandin) (separate procedure) | 5412                | T                             | \$281.48                                       |
| G0463                  | Hospital outpatient clinic visit  | 5012                | J2                            | \$118.74                                       |

## Status Indicators

Each CPT code in the Outpatient Prospective Payment System (OPPS) is assigned a status indicator to signify whether a discount (payment reduction) applies to the respective APC payment. The following status indicators are represented in this procedure:

“T” Procedure or service, multiple procedure reduction applies. Paid under OPPS; separate APC payment.

“J2” Hospital Part B services that may be paid through a Comprehensive APC. Paid under OPPS; Addendum B displays APC assignments when services are separately payable.

# ICD-10-PCS (Procedure Classification System) for Inpatient Procedure

ICD-10-PCS is used only for inpatient hospital settings in the United States. ICD-10-PCS is the official system of assigning codes to procedures associated with hospital utilization. These codes support data collection, payment, and electronic health records. ICD-10-PCS is intended for use by healthcare professionals, health care organizations, and insurance programs.

| ICD-10-PCS <sup>8</sup> | Description   |
|-------------------------|---|
| 0U7C7ZZ                 | Dilation of Cervix, Via Natural or Artificial Opening |

## Medicare Severity Diagnosis Related Groups (MS-DRGs)

Hospital payment for inpatient services or procedures are usually based on Medicare Severity Diagnosis Related Groups (MS-DRGs aka DRGs), case rates, per diem rates, or a line item payment methodology. Medicare assigns a hospital inpatient stay to an MS-DRG based on the reported diagnoses, condition of the patient, and reason for the procedure. Hospitals generally receive a fixed, predetermined payment for each MS-DRG, which includes all costs associated with the patient's hospital stay.

### CY 2021 Final Hospital Inpatient Payment

| MS-DRG | Description  | Relative Weight | Medicare National Average Payment <sup>9</sup> |
|--------|--|-----------------|--|
| 783    | C-section with sterilization w/MCC                 | 1.8727          | \$12,035.84                                    |
| 784    | C-section with sterilization w/CC                  | 1.0949          | \$7,036.92                                     |
| 785    | C-section with sterilization w/o CC/MCC            | 0.9153          | \$5,882.63                                     |
| 786    | C-section without sterilization w/MCC              | 1.5911          | \$10,226.00                                    |
| 787    | C-section without sterilization w/CC               | 1.0627          | \$6,829.97                                     |
| 788    | C-section without sterilization w/o CC/MCC         | 0.8871          | \$5,701.39                                     |
| 796    | Vaginal delivery with sterilization/D&C w/MCC      | 1.0679          | \$6,863.39                                     |
| 797    | Vaginal delivery with sterilization/D&C w/CC       | 0.9199          | \$5,912.20                                     |
| 798    | Vaginal delivery with sterilization/D&C w/o CC/MCC | 0.8273          | \$5,317.06                                     |
| 805    | Vaginal delivery w/o sterilization/D&C w/MCC       | 1.0268          | \$6,599.24                                     |
| 806    | Vaginal delivery w/o sterilization/D&C w/CC        | 0.7339          | \$4,716.78                                     |
| 807    | Vaginal delivery w/o sterilization/D&C w/o CC/MCC  | 0.6411          | \$4,120.35                                     |

<sup>8</sup> CC – Complications or Comorbidities; MCC – Major Complications or Comorbidities

Medical record documentation is key to communicating essential information for making a decision as to whether a procedure was medically necessary for a particular patient.

Medical record documentation should convey information about a patient's medical condition, the rationale for the induction of labor procedure, and the outcome of the procedure.

See payer policy for specific documentation and clinical coverage criteria.

## Important Safety Information

### Indications for Use

Dilapan-S® is for use by healthcare professionals trained in OB/GYN whenever cervical softening and dilation are desired, such as for cervical ripening during term labor induction or gynecological procedures that require cervical preparation.

### Contraindication:

Dilapan-S is contraindicated in the presence of clinically apparent genital tract infection.

### Warnings & Precautions:

- Dilapan-S is intended for single use only. **Do not** reuse, resterilize, reprocess, or use if primary packaging has been opened or damaged. Discard after use.
- Careful placement of the device is essential to avoid traumatic injury to the cervix or uterus (see [Instructions for Use—Insertion](#)). The device should not be left in place more than 24 hours. **Instruct patients to:** Report any excessive bleeding, pain, or temperature elevation, and to avoid bathing, douching, and intercourse. Patients should return to the physician for removal of Dilapan-S at the indicated time and should be instructed not to attempt self-removal under any circumstances.
- Potential Complications/Risks: Twisting of device during removal may cause the device to break (see [Instructions for Use—Removal](#)). Complications may include: device entrapment and/or fragmentation, expulsion, or retraction; patient discomfort or bleeding; spontaneous rupture of membranes; spontaneous onset of labor; cervical laceration.

**Storage & Handling:** Store between +15°C and +30°C and keep away from direct sunlight and high humidity.

**Please see Instructions for Use.**

1. Dilapan-S Instructions for Use. DSPlenus-Rev018/2020-04.
2. U.S. Food and Drug Administration. Dilapan-S. 510(k) – K143447. April 17, 2015.
3. Current Procedural Terminology 2021. CPT® copyright 2020 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS apply.
4. Calendar Year 2021 Medicare Physician Fee Schedule. Final Rule [CMS-1734-F, CMS-1734-IFC, CMS-1744-F, CMS-5531-F and CMS-3401-IFC]. Addendum B – Relative Value Units and Related Information Used in CY 2021 Final Rule. Federal Register, December 28, 2020. [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/CY 2021 Conversion Factor: \\$34.8931](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/CY%2021%20Conversion%20Factor:%20$34.8931). Accessed: January 11, 2021.
5. ACOG 2020 OB/GYN Coding Manual: Components of Correct Procedural Coding. CPT® copyright 2019. American Medical Association. All rights reserved.
6. Calendar Year 2021 Medicare Outpatient Prospective Payment and Ambulatory Surgical Center Payment System and Quality Reporting Programs. Final Rule [CMS-1736-FC, 1736-IFC]. Addendum D1. Federal Register, December 29, 2020.
7. Calendar Year 2021 Medicare Outpatient Prospective Payment and Ambulatory Surgical Center Payment System and Quality Reporting Programs. Final Rule [CMS-1736-FC, 1736-IFC]. Addendum B. Federal Register, December 29, 2020.
8. Centers for Medicare & Medicaid Services ICD-10. 2021 ICD-10-PCS. <https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>. Accessed: December 28, 2020.
9. Fiscal Year 2021 Medicare Inpatient Prospective Payment System. Final Rule [CMS-1735-F]. FY 2021 CN Table 5, FY 2021 CN Table 1A – 1E. Federal Register, September 18, 2020.

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