

# Hysteroscopic Gynecological Surgery

## 2010 CODING & REIMBURSEMENT GUIDE

### Physician Payment

#### Hysteroscopic Procedures

CPT® CODE <sup>5</sup>	DESCRIPTION	LOCATION	RVU <sup>1</sup>	2010 NATIONAL AVERAGE MEDICARE RATE <sup>1,2</sup>
58563*	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	Office	47.05	\$1696.93
		Hospital/ASC	9.35	\$337.22
58555	Hysteroscopy, diagnostic (separate procedure)	Office	6.8	\$245.25
		Hospital/ASC	5.15	\$185.74
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Office	9.13	\$329.29
		Hospital/ASC	7.27	\$262.20
58565	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Office	50.53	\$1822.45
		Hospital/ASC	11.73	\$423.06
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography or hysterosalpingography	Office	3.31	\$119.38
		Hospital	1.59	\$57.35
74740	Radiological supervision and interpretation of hysterosalpingography	Office	2.07	\$74.66
		Hospital	0.53	\$19.12

\*Hysteroscopy is not required with the NovaSure System.

#### Place of Service<sup>3</sup>

PLACE OF SERVICE CODE	PLACE OF SERVICE NAME	PLACE OF SERVICE DESCRIPTION
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
22	Outpatient Hospital	A portion of a hospital that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

1. Physician relative value units (RVUs) are based on the Medicare 2010 Physician Fee Schedule Final rule published in the Federal Register, November 25, 2009. National average Medicare rates, rounded to the nearest dollar, are based on these RVUs and account for the work RVU adjustment completed by CMS for Medicare budget neutrality purposes. The 2010 conversion factor is \$36.067. Actual payment to a physician will vary based on geographic location. Payment for a given procedure in a given locality is available in the Medicare Physician Fee Schedule Look-up file posted in the Physician Center of the CMS website. The 2010 payment rates could be further revised if Congress were to enact legislation that would revise the conversion factor, which has typically occurred in recent years.

2. Ambulatory Payment Classification (APC) and the Ambulatory Surgical Center (ASC) payment rates are taken from the Medicare Hospital Outpatient Prospective Payment System final rule published in the Federal Register on November 25, 2009.

3. Place of service codes listed in CPT® 2007, Current Procedural Terminology, Professional Edition, 2006 American Medical Association.

4. Modifier information is taken from, Coding with Modifiers, A Guide to Correct CPT® and HCPCS Level II Modifier Usage, 2004 American Medical Association, Second Printing July 2004, Third Printing February 2005

5. American Medical Association, CPT® 2007, Professional Edition and HCPCS 2007, Nineteenth edition.

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### Facility Payment

#### Hysteroscopic Procedures

CPT® CODE <sup>5</sup>	DESCRIPTION	LOCATION	APC <sup>2</sup>	2010 NATIONAL AVERAGE MEDICARE RATE <sup>1,2</sup>
58563*	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	Hospital	0387	\$2508.84
		ASC	0387	\$1438.53
58555	Hysteroscopy, diagnostic (separate procedure)	Hospital	190	\$1522.88
		ASC	190	\$758.44
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Hospital	190	\$1522.88
		ASC	190	\$800.77
58565	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Hospital	0202	\$3032.56
		ASC	0202	\$1671.96
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography or hysterosalpingography	Hospital		Packaged
		ASC		Not payable in the ASC setting
74740	Radiological supervision and interpretation of hysterosalpingography	Hospital		\$210.25
		ASC		Not payable in the ASC setting

Hysteroscopy is not required with the NovaSure System.

#### Modifier Information<sup>4</sup>

MODIFIER	DESCRIPTION	EXPLANATION
-52	Reduced Services	Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's direction. Under these circumstances the service can be identified by its usual procedure code and the addition of modifier 52, signifying the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. This modifier is not used to report the elective cancellation of a procedure.
-53	Discontinued Services	Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance must be reported by adding CPT modifier 53 to the code reported by the physician for the discontinued procedure.

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