Gynecologic Procedures
2011 CODING & REIMBURSEMENT GUIDE

Physician Payment

Gynecologic Procedures

CPT® AND HCPCS® CODE[5]	DESCRIPTION	LOCATION	RVU[1]	2011 NATIONAL AVERAGE MEDICARE RATE[1,2]
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography or hysterosalpingography	Office	3.62	$122.99
		Hospital/ASC	1.72	$58.44
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Office	31.8	$1080.45
		Hospital/ASC	6.54	$222.21
58555	Hysteroscopy, diagnostic (separate procedure)	Office	7.99	$271.47
		Hospital/ASC	5.65	$191.97
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Office	10.60	$360.15
		Hospital/ASC	7.95	$270.11
58561	Hysteroscopy, surgical; with removal of leiomyomata	Office	16.33	$554.83
		Hospital	16.33	$554.83
58563*	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	Office	52.05	$1768.47
		Hospital/ASC	10.23	$347.58
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	56.66	$1925.10
		Hospital/ASC	12.90	$438.30
74740	Radiological supervision and interpretation of hysterosalpingography	Office	2.34	$79.50
		Hospital	0.55	$18.69
A4264	Permanent implantable intratubal occlusion device(s) and delivery system		Not separately paid by Medicare. May be subject to review for payment by commercial payor/health plan.	

* Hysteroscopy is not required with the NovaSure System.

Place of Service[3]

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 a correction notice to the Medicare 2011 Physician Fee Schedule Final Rule published in the Federal Register on December 30, 2010. The National Average Medicare rates are based on the 2011 conversion factor of $33.9764. 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 payment rates could be further revised if Congress were to enact legislation that would change the conversion factor, which has typically occurred in recent years.
2. Medicare 2011 Outpatient Final Rule published in the Federal Register, November 2, 2010.
3. Current Procedural Terminology, Professional Edition, 2010 American Medical Association.
4. Coding with Modifiers: A Guide to Correct CPT® and HCPCS Level II Modifier Usage 3rd Edition; 2007 American Medical Association.
5. American Medical Association, CPT® 2010, Professional Edition and HCPCS 2010, Professional Edition.

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Gynecologic Procedures
2011 CODING & REIMBURSEMENT GUIDE

Facility Payment

Gynecologic Procedures

CPT® AND HCPCS® CODE[5]	DESCRIPTION	LOCATION	APC[2]	2011 NATIONAL AVERAGE MEDICARE RATE[1,2]
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography or hysterosalpingography	Hospital		Packaged
		ASC		Not payable in the ASC setting
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Hospital	0195	$2457.08
		ASC	0195	$1382.12
58555	Hysteroscopy, diagnostic (separate procedure)	Hospital	0190	$1589.86
		ASC	0190	$894.31
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Hospital	0190	$1589.86
		ASC	0190	$894.31
58561	Hysteroscopy, surgical; with removal of leiomyomata	Hospital	0387	$2651.32
		ASC	0387	$1491.38
58563*	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	Hospital	0387	$2651.32
		ASC	0387	$1491.38
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	$3126.54
		ASC	0202	$1758.70
74740	Radiological supervision and interpretation of hysterosalpingography	Hospital	0263	$229.96
		ASC	0263	Not payable in the ASC setting
A4264	Permanent implantable intratubal occlusion device(s) and delivery system	Status Indicator: E	Not recognized by CMS. An alternate code for the same item or service may be available. May be subject to review for payment by commercial payor/health plan.	

* Hysteroscopy is not required with the NovaSure System.

Modifier Information[4]

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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