Boston Scientific
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Intrauterine Health

2019 Coding & Payment Quick Reference

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

The following codes are thought to be relevant to Intrauterine Health procedures and are referenced throughout this guide.

To determine whether there are relevant C-codes for any Boston Scientific products, please visit our C-code finder at http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html.

C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today.

It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform and potentially increase future outpatient hospital payment rates.

CPT® Code	Code Description
Resectr™ Tissue Resection Device	
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
Symphion™ System	
58555	Hysteroscopy, diagnostic (separate procedure)
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	Hysteroscopy, surgical; with removal of leiomyomata
Endometrial Ablation with the Genesys HTA™ System	
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)

See important notes on the uses and limitations of this information on page 4.

Physician Payment – Medicare

All rates shown are 2019 Medicare national averages; actual rates will vary geographically and/or by individual facility. "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurances, etc.

CPT® Code	Short Descriptor	MD In-Office Medicare Allowed Amount	MD In-Facility Medicare Allowed Amount	Total Office-Based RVUs	Total Facility-Based RVUs
Resectr™ Tissue Resection Device					
58558	Hysteroscopy, surgical; with biopsy	$1,400	$239	32.86	6.63
Symphion™ System					
58555	Hysteroscopy, diagnostic	$303	$157	8.40	4.35
58558	Hysteroscopy, surgical; with biopsy	$1,400	$239	38.86	6.63
58559	Hysteroscopy; surgical; with lysis of intrauterine adhesions	N/A	$296	N/A	8.20
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum	N/A	$322	N/A	8.94
58561	Hysteroscopy, surgical; with removal of leiomyomata	N/A	$370	N/A	10.26
Endometrial Ablation with the Genesys HTA™ System					
58563	Hysteroscopy, surgical; with endometrial ablation	$1,810	$254	50.21	7.05

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

Hospital Outpatient and ASC Payment – Medicare

CPT® Code	Short Descriptor	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
Resectr™ Tissue Resection Device			
58558	Hysteroscopy, surgical; with biopsy	$2,361	$1,157
Symphion™ System			
58555	Hysteroscopy, diagnostic	$2,361	$1,157
58558	Hysteroscopy, surgical; with biopsy	$2,361	$1,157
58559	Hysteroscopy; surgical; with lysis of intrauterine adhesions	$4,126	$1,846
58560	Hysteroscopy, surgical; w/ division or resection of intrauterine septum	$4,126	$1,846
58561	Hysteroscopy, surgical; with removal of leiomyomata	$4,126	$1,846
Endometrial Ablation with the Genesys HTA™ System			
58563	Hysteroscopy, surgical; with endometrial ablation	$4,126	$1,846

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

See important notes on the uses and limitations of this information on page 4.

Hospital Inpatient Payment – Medicare

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

Possible MS-DRG Assignment	Description	Reimbursement
742	Uterine and adnexa procedures for nonmalignancy with complication or comorbidity (CC) / major complication or comorbidity (MCC)	$10,471
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	$6,815

The patient's medical record must support the existence and treatment of the complication or comorbidity.

ICD-10 CM Diagnosis Codes

ICD-10 CM Diagnosis Code	Description
Resectr™ Tissue Resection Device	
N84.0	Polyp of corpus uteri
N84.1	Polyp of cervix uteri
Symphion™ System	
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
N84.0	Polyp of corpus uteri
Endometrial Ablation with the Genesys HTA™ System	
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N93.8	Other specified abnormal uterine and vaginal bleeding

ICD-10 PCS Procedure Codes

ICD-10 PCS Procedure Code	Description
Resectr™ Tissue Resection Device	
0UB98ZX	Excision of Uterus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UDB8ZX	Extraction of Endometrium, Via Natural or Artificial Opening Endoscopic, Diagnostic
Symphion™ System	
0UB98ZX	Excision of Uterus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UB98ZZ	Excision of Uterus, Via Natural or Artificial Opening Endoscopic
0UDB8ZX	Extraction of Endometrium, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UDB8ZZ	Extraction of Endometrium, Via Natural or Artificial Opening Endoscopic
0UJD8ZZ	Inspection of Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
Endometrial Ablation with the Genesys HTA™ System	
0U5B8ZZ	Destruction of Endometrium, Via Natural or Artificial Opening Endoscopic

See important notes on the uses and limitations of this information on page 4.

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Information included herein is current as of November 2018 but is subject to change without notice. Rates for services are effective January 1, 2019.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Physician payment rates are 2019 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule – November 2018 release, CMS-1693-F file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html.

The 2019 National Average Medicare physician payment rates have been calculated using a 2019 conversion factor of $36.0391. Rates subject to change.

Hospital outpatient payment rates are 2019 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – January 2019 release, CMS-1695-FC file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending.

ASC payment rates are 2019 Medicare ASC Addendum AA national averages. ASC rates are from the 2018 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC – January 2019 release, CMS-1695-FC file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending.

National average (wage index greater than one and hospital submitted quality data and is a meaningful HER user) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts ($6,109.24). Source: August 2, 2018 Federal Register, CMS-1694-FR. FY 2019 rates.

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v36.0 Definitions Manual. Source: https://www.cms.gov/ICD10Manual/version36-fullcode-cms/fullcode_cms/P0001.html

Sequestration Disclaimer
Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2019.

CPT® Disclaimer

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Ordering Information
1.888.272.1001

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