GUIDEPOINT Reimbursement Resources

Boston Scientific
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Gyn-Surg

2017 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.

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.

The following codes are thought to be relevant to gyn-surg procedures and are referenced throughout this guide.

CPT® Code	Code Description
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)

Physician Payment – Medicare

All rates shown are **2017 Medicare national averages**; actual rates will vary geographically and/or by individual facility.

CPT® Code	Short Descriptor	MD In-Office Medicare Allowed Amount	MD In-Facility Medicare Allowed Amount	Total Office-Based RVUs	Total Facility-Based RVUs
Symphion™ System					
58555	Hysteroscopy, diagnostic	$273	$158	7.60	4.40
58558	Hysteroscopy, surgical; with biopsy	$1,382	$241	38.51	6.72
58559	Hysteroscopy; surgical; with lysis of intrauterine adhesions	See Note	$297	See Note	8.28
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum	See Note	$326	See Note	9.07
58561	Hysteroscopy, surgical; with removal of leiomyomata	See Note	$449	See Note	12.52
Endometrial Ablation with the Genesys HTA™ System					
58563	Hysteroscopy, surgical; with endometrial ablation	$1,614	$281	44.97	7.82

Note: There are no current Medicare valuations for these codes when performed in the physician office setting.

Hospital Outpatient and ASC Payment – Medicare

CPT® Code	Short Descriptor	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
Symphion™ System			
58555	Hysteroscopy, diagnostic	$2,085	$1,065
58558	Hysteroscopy, surgical; with biopsy	$2,085	$1,065
58559	Hysteroscopy; surgical; with lysis of intrauterine adhesions	$3,809	$1,795
58560	Hysteroscopy, surgical; w/ division or resection of intrauterine septum	$3,809	$1,795
58561	Hysteroscopy, surgical; with removal of leiomyomata	$3,809	$1,795
Endometrial Ablation with the Genesys HTA™ System			
58563	Hysteroscopy, surgical; with endometrial ablation	$3,809	$1,795

Hospital Inpatient Payment – Medicare

Possible MS-DRG Assignment	Description	Reimbursement
742	Uterine and adnexa procedures for nonmalignancy with complication or comorbidity (CC) / major complication or comorbidity (MCC)	$9,594
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	$6,064

ICD-10 CM Diagnosis Codes

ICD-10 CM Diagnosis Code	Description
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
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

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.

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1. Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – January 2017 release, RVU17A file https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU17A.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending The 2017 National Average Medicare physician payment rates have been calculated using a 2017 conversion factor of $35.8887. Rates subject to change.
2. "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-insurance, etc.
3. Hospital outpatient payment rates are 2017 Medicare OPPS Addendum B national averages. Source: CMS OPPS - January 2017 release, CMS-1656-FC https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1656-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending
4. ASC payments rates are 2017 Medicare ASC national averages. ASC rates are from the 2016 Ambulatory Surgical Center Covered Procedures List - Addendum AA. Source: January 2017 release, CMS-1656-FC https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1656-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending
5. "NA" in the 2017 "MD-In-Office Medicare Allowed Amount" column means that Medicare does not provide reimbursement when the procedure is performed in-office.
6. The patient's medical record must support the existence and treatment of the complication or comorbidity.
7. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts ($5,962.93). Source: August 2, 2016 Federal Register; CMS-1655-F; CMS-1664-F; CMS-1632-F2; Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System Changes and FY2017 Rates.

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, 2017.

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Ordering Information
1.888.272.1001

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