

Endometrial Ablation with the Hydro ThermAblator® System (HTA® System)

2010 Coding and Quick Reference Guide

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GuidePoint

Simplifying Reimbursement

Women's Health

BACKGROUND

- Over 95% of HTA System patients are non-Medicare. **Private payer reimbursement will vary greatly depending on individual provider contracts.**
- All rates shown are 2010 Medicare national averages; Actual rates will vary geographically.
- 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.

COMMONLY USED ICD-9 DIAGNOSIS CODES

626.2 Excessive/frequent menstruation; heavy periods, menometrorrhagia, menorrhagia, polymenorrhea
 626.6 Metrorrhagia; bleeding unrelated to menstrual cycle, irregular intermenstrual bleeding
 626.8 Other; dysfunctional or functional uterine hemorrhage NOS
 627.1 Postmenopausal bleeding
 626.4 Irregular menstruation cycle
 627.0 Premenopausal menorrhagia
 626.9 Unspecified

MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT & ASC ALLOWED AMOUNTS

CPT® Code	Code Description	Physician ¹		Facility	
		MD In-Office Allowed Amount ²	MD In-Facility Allowed Amount ²	Hospital Outpatient Allowed Amount ^{2,3}	ASC Allowed Amount ^{2,4}
58563	Hysteroscopy, surgical; with endometrial ablation (e.g. endometrial resection, electrosurgical ablation, thermoablation)	\$1,698	\$337	\$2,509	\$1,439

POSSIBLE CODES FOR BILLING HTA SYSTEM PROCEDURE SET (Private Payer Only)

Code	Code Description
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies or materials provided)
A4649	Surgical supply; miscellaneous
272	Medical/Surgical sterile supply (Revenue codes only applicable in hospital setting)
279	Other supplies/devices (Revenue codes only applicable in hospital setting)

¹Department of Health and Human Services. Centers for Medicare and Medicaid Services. MLN Matters® Number: MM6796. <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6796.pdf>. National Average Medicare physician payment rates calculated using a 2010 conversion factor of \$36.0846. Rates subject to change and do not reflect a Sustainable Growth Rate reduction.

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.

³Source: November 20, 2009 Federal Register.

⁴ASC rates are from the 2010 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: November 20, 2009 Federal Register.

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