

GuidePoint

Simplifying Reimbursement

Women's Health

THINGS YOU SHOULD KNOW

- Approximately 95% of Genesys HTA System patients are non-Medicare (**private payer, Medicaid, etc.**)
- National private payer **Physician OFFICE-BASED reimbursements average approximately 144% of Medicare (or ~\$2,400+)**, for hysteroscopic hydrothermal endometrial ablation procedures.
 - **NOTE:** Private payer reimbursement is highly variable and is based on individual provider contract.

CODING

- 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.
- No Pass-Through (C-code) code is available for endometrial ablation catheter kits.
- The following code is thought to be relevant to hysteroscopic endometrial ablation procedures and is referenced throughout this guide.

| CPT® Code | Code Description |
|-----------|--|
| 58563 | Hysteroscopy, surgical; with endometrial ablation (e.g. endometrial resection, electrosurgical ablation, thermoablation) |

- **Common ICD-9 diagnosis codes** for endometrial ablation procedures include:

| ICD-9 Code | Code Description |
|------------|--|
| 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 |

- **Possible CPT® Code Modifiers** for endometrial ablation procedures include:

| Modifier | Code Description |
|----------|-----------------------|
| 51 | Multiple Procedures |
| 53 | Discontinued Services |
| 80 | Assistant Surgeon |

CPT® Modifiers Source: AMA's "CPT® 2013 Professional Edition".

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National private payer reimbursement averages based on BSC research of more than 350 national private payer physician contracts.

See last page for important information about the uses and limitations of this document.

Endometrial Ablation with the Genesys HTA™ System (HTA™ System)



2014 Coding and Quick Reference Guide

PHYSICIAN RELATIVE VALUE UNITS (RVUs)

- Physician Relative Value Units (RVUs) for hysteroscopic endometrial ablation with the Genesys HTA System are based on the Medicare 2014 Physician Fee Schedule effective January 1, 2014.

| Facility Based | | | | Office Based | | | | |
|----------------|----------|--------------|-----------------|--------------|----------|--------------|-----------------|--------------|
| CPT® Code | Work RVU | Practice RVU | Malpractice RVU | Total RVUs | Work RVU | Practice RVU | Malpractice RVU | Total RVUs |
| 58563 | 6.16 | 2.80 | 1.00 | 9.96 | 6.16 | 39.35 | 1.00 | 46.51 |

PAYMENT - MEDICARE

- All rates shown are 2014 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.

PROCEDURES BY SITE OF SERVICE

HOSPITAL OUTPATIENT PROCEDURE

| CPT® Code | Code Description | Physician Medicare Allowed Amount ^{1,2} | APC | Hospital Outpatient Medicare Allowed Amount ^{2,4} |
|-----------|--|--|------|--|
| 58563 | Hysteroscopy, surgical; with endometrial ablation (e.g. endometrial resection, electrosurgical ablation, thermoablation) | \$357 | 0387 | \$2,818 |

AMBULATORY SURGERY CENTER (ASC) PROCEDURE

| CPT® Code | Code Description | Physician Medicare Allowed Amount ^{1,2} | APC | ASC Medicare Allowed Amount ^{2,3} |
|-----------|--|--|------|--|
| 58563 | Hysteroscopy, surgical; with endometrial ablation (e.g. endometrial resection, electrosurgical ablation, thermoablation) | \$357 | 0387 | \$1,556 |

PHYSICIAN OFFICE-BASED PROCEDURE

| CPT® Code | Code Description | Physician Medicare Allowed Amount ^{1,2} |
|-----------|--|--|
| 58563 | Hysteroscopy, surgical; with endometrial ablation (e.g. endometrial resection, electrosurgical ablation, thermoablation) | \$1,666 |

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Medicare Rates by Geographic Location

(Physician Office-based rate for CPT® Code 58563)

| State | Geographic Area | 2014 Medicare MD Rate |
|-------|--------------------|-----------------------|
| AL | Alabama | \$1,483 |
| AK | Alaska | \$1,889 |
| AR | Arkansas | \$1,459 |
| AZ | Arizona | \$1,649 |
| CA | Marin/Napa/Solano | \$2,036 |
| CA | San Francisco | \$2,192 |
| CA | San Mateo | \$2,175 |
| CA | Oakland/Berkeley | \$2,023 |
| CA | Santa Clara | \$2,147 |
| CA | Ventura | \$1,927 |
| CA | Los Angeles | \$1,890 |
| CA | Anaheim/Santa Ana | \$1,973 |
| CA | Rest of California | \$1,776 |
| CO | Colorado | \$1,677 |
| CT | Connecticut | \$1,843 |
| DC | DC + MD/VA Suburbs | \$1,969 |
| DE | Delaware | \$1,718 |
| FL | Fort Lauderdale | \$1,754 |
| FL | Rest of Florida | \$1,631 |
| FL | Miami | \$1,787 |
| GA | Atlanta | \$1,679 |
| GA | Rest of Georgia | \$1,521 |
| HI | Hawaii/Guam | \$1,877 |
| IA | Iowa | \$1,495 |
| ID | Idaho | \$1,504 |
| IL | East St. Louis | \$1,607 |
| IL | Rest of Illinois | \$1,548 |
| IL | Suburban Chicago | \$1,786 |
| IL | Chicago | \$1,771 |
| IN | Indiana | \$1,542 |

| State | Geographic Area | 2014 Medicare MD Rate |
|-------|-----------------------------|-----------------------|
| KS | Kansas | \$1,517 |
| KY | Kentucky | \$1,478 |
| LA | New Orleans | \$1,644 |
| LA | Rest of Louisiana | \$1,493 |
| MA | Metropolitan Boston | \$1,879 |
| MA | Rest of Massachusetts | \$1,749 |
| MD | Baltimore/Surrounding Cntys | \$1,815 |
| MD | Rest of Maryland | \$1,719 |
| MD | DC + MD/VA Suburbs | \$1,969 |
| ME | Southern Maine | \$1,676 |
| ME | Rest of Maine | \$1,528 |
| MI | Detroit | \$1,701 |
| MI | Rest of Michigan | \$1,557 |
| MN | Minnesota | \$1,664 |
| MO | Metropolitan St. Louis | \$1,611 |
| MO | Metropolitan Kansas City | \$1,604 |
| MO | Rest of Missouri | \$1,454 |
| MS | Mississippi | \$1,465 |
| MT | Montana | \$1,672 |
| NC | North Carolina | \$1,556 |
| ND | North Dakota | \$1,650 |
| NE | Nebraska | \$1,510 |
| NH | New Hampshire | \$1,733 |
| NJ | Northern NJ | \$1,937 |
| NJ | Rest of New Jersey | \$1,851 |
| NM | New Mexico | \$1,553 |
| NV | Nevada | \$1,748 |
| NY | Manhattan | \$1,930 |
| NY | NYC Suburbs/Long Island | \$2,004 |
| NY | Poughkeepsie/N NY Suburbs | \$1,777 |

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Medicare Rates by Geographic Location

(Physician Office-based rate for CPT® Code 58563)

| State | Geographic Area | 2014 Medicare MD Rate |
|-------|---------------------------|-----------------------|
| NY | Queens | \$1,986 |
| NY | Rest of New York | \$1,572 |
| OH | Ohio | \$1,562 |
| OK | Oklahoma | \$1,467 |
| OR | Portland | \$1,722 |
| OR | Rest of Oregon | \$1,605 |
| PA | Metropolitan Philadelphia | \$1,789 |
| PA | Rest of Pennsylvania | \$1,557 |
| PR | Puerto Rico | \$1,206 |
| RI | Rhode Island | \$1,744 |
| SC | South Carolina | \$1,527 |
| SD | South Dakota | \$1,645 |
| TN | Tennessee | \$1,505 |
| TX | Austin | \$1,677 |
| TX | Beaumont | \$1,522 |
| TX | Brazoria | \$1,652 |

| State | Geographic Area | 2014 Medicare MD Rate |
|-------|-----------------------|-----------------------|
| TX | Dallas | \$1,680 |
| TX | Fort Worth | \$1,641 |
| TX | Galveston | \$1,675 |
| TX | Houston | \$1,673 |
| TX | Rest of Texas | \$1,541 |
| UT | Utah | \$1,557 |
| VA | Virginia | \$1,630 |
| VA | DC + MD/VA Suburbs | \$1,969 |
| VI | Virgin Islands | \$1,672 |
| VT | Vermont | \$1,661 |
| WA | Seattle (King County) | \$1,872 |
| WA | Rest of Washington | \$1,674 |
| WI | Wisconsin | \$1,591 |
| WV | West Virginia | \$1,438 |
| WY | Wyoming | \$1,674 |

CPT® Modifiers Source: AMA's "CPT® 2013 Professional Edition.

¹ Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – December 27, 2013 revised release, RVU14A file. <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU14A.html?DLPage=1&DLSort=0&DLSortDir=descending>. The 2014 National Average Medicare physician payment rates have been calculated using a 2014 conversion factor of \$35.8228 which reflects the 0.5 percent update for January 1, 2014 through March 31, 2014, as adopted by section 101 of the Pathway for SGR Reform Act of 2013. 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 The hospital outpatient payment rates are 2014 Medicare national averages. Source: November 27, 2013 Federal Register, CMS-1601-FC.

⁴ The ASC payments rates are 2014 Medicare national averages. ASC rates are from the 2014 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: November 27, 2013 Federal Register, CMS-1601-FC.

Sequestration

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, 2014.

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