



2023 Coding Guide

For More Information

Contact the Reimbursement Center at

877.213.0459 or reimbursementsupport@coopersurgical.com

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Rates listed are based on their respective site of care- physician office, ambulatory surgical center, or hospital outpatient department. All rates provided are for the Medicare unadjusted national average rounded to the nearest whole number for 2023 and do not represent adjustment specific to the provider's location or facility. Commercial rates are based on individual contracts. Providers are encouraged to review contracts to verify their specific contracted allowables. No additional HCPCS level II coding is recommended to report use of the device. Payment is included in the associated procedure.

LEEP

| CPT Code | Description | Hospital Outpatient | Ambulatory Surgical Center | Physician | Facility | Non-Facility |
|----------|--|---------------------|----------------------------|-------------|----------|--------------|
| 57460 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix | \$2,827 | \$206 | Payment | \$161 | \$323 |
| | | | | Total RVU's | 4.75 | 9.52 |
| | | | | Work RVU's | 2.83 | 2.83 |
| 57461 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix | \$2,827 | \$219 | Payment | \$185 | \$360 |
| | | | | Total RVU's | 5.46 | 10.61 |
| | | | | Work RVU's | 3.43 | 3.43 |
| 57522 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision | \$2,827 | \$1,438 | Payment | \$260 | \$310 |
| | | | | Total RVU's | 7.67 | 9.15 |
| | | | | Work RVU's | 3.67 | 3.67 |

Modifier Information

| Modifier | Description | Explanation |
|----------|------------------------|---|
| 52 | Reduced Services | Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74. |
| 53 | Discontinued Procedure | Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. 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 may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74. |