

# 2025 Coding Guide

## For More Information

Contact the Reimbursement Center at

877.213.0459 or [reimbursementsupport@coopersurgical.com](mailto:reimbursementsupport@coopersurgical.com)

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The Endosee® System is used to permit viewing of the adult cervical canal and uterine cavity for the purpose of performing diagnostic and therapeutic procedures.



## What code is reported for a diagnostic hysteroscopy?

**58555** Hysteroscopy, diagnostic (separate procedure)

CPT Code 58555		2025 Medicare Unadjusted National Payment: Physician Fee Schedule
Facility		\$148
Work RVU		2.65
PE RVU		1.45
Malpractice RVU		0.47
<b>Total RVU</b>		<b>4.57</b>
Non Facility (Office)		\$329
Work RVU		2.65
PE RVU		7.05
Malpractice RVU		0.47
<b>Total RVU</b>		<b>10.17</b>

## What code is reported for a surgical hysteroscopy?

**58558** Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C

CPT Code 58558		2025 Medicare Unadjusted National Payment: Physician Fee Schedule
Facility		\$224
Work RVU		4.17
PE RVU		2.06
Malpractice RVU		0.71
<b>Total RVU</b>		<b>6.94</b>
Non Facility (Office)		\$1,207
Work RVU		4.17
PE RVU		32.44
Malpractice RVU		0.71
<b>Total RVU</b>		<b>37.32</b>

**58562** Hysteroscopy, surgical; with removal of impacted foreign body

CPT Code 58562		2025 Medicare Unadjusted National Payment: Physician Fee Schedule
Facility		\$214
Work RVU		4.00
PE RVU		1.97
Malpractice RVU		0.66
<b>Total RVU</b>		<b>6.63</b>
Non Facility (Office)		\$396
Work RVU		4.00
PE RVU		7.57
Malpractice RVU		0.66
<b>Total RVU</b>		<b>12.23</b>

## Can 58555 (diagnostic hysteroscopy) and 58558 (surgical hysteroscopy with endometrial sampling, etc.) be reported on the same day?

No, National Correct Coding Institute (NCCI) guidance restrict these two codes from being reported by the same provider on the same day to same patient. The diagnostic hysteroscopy (58555) is included within the surgical hysteroscopy (58558).

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**If a diagnostic hysteroscopy is performed followed by a procedure such as sampling (biopsy) of endometrium and/or polypectomy, with or without D & C, without a scope, what code is reported?**

According to CPT Assistant (2003), code 58558 may be reported when a procedure is performed without a scope following a diagnostic hysteroscopy. Providers are encouraged to check with their payers for guidance on appropriate coding.

**Can 58555 be reported with code 58100 (biopsy of uterus lining) on the same day during the same session?**

No, both of these codes are identified as “separate procedure” codes; a “separate procedure” should not be reported separately when performed along with another procedure in an anatomically related region, often through the same skin incision, orifice, or surgical approach.

**Can 58558 (surgical hysteroscopy with endometrial sampling, etc.) be reported for removal of an Intrauterine Device (IUD) that may be impacted?**

No, CPT code 58562 Hysteroscopy, surgical, with removal of impacted foreign body is used to report an impacted IUD. Providers are encouraged to check with their payers.

**Is there a global period of “0” days, “10” days or “90” days for 58555 or 58558?**

Both codes have “0” day global periods.

**Does private insurance or Medicare reimburse for an office-based diagnostic hysteroscopy or surgical hysteroscopy with endometrial sampling?**

Payer coverage varies by payer and benefit plan. In general, though, third-party payers require that services fall within a covered benefit category, be medically necessary for the diagnosis and/or treatment of the patient (as evidenced by the patient’s medical record), and not otherwise excluded from coverage before providing coverage.

Private insurance contractual agreements for office-based procedures may vary. The patient’s specific “type of plan” will determine benefits/coverage. Coverage should be verified for each patient; the CPT code and the site of service should be provided for verification. It is important to determine if any limitations apply to the procedure code when performed in the physician office setting. A prior authorization or pre-certification may be required by some plans.

**Does insurance apply a co-pay, co-insurance, or a deductible to these office-based procedures?**

The patient’s financial responsibility will vary by payer and benefit plan. Providers should check with each plan to verify.

## Examples of ICD-10-CM Diagnosis Codes\*

Diagnosis Codes	Description
D25.0	Submucous leiomyoma of uterus
N84.0	Polyp of corpus uteri
N84.1	Polyp of cervix uteri
N85.00	Endometrial hyperplasia, unspecified
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.4	Excessive bleeding in the premenopausal period
N94.4	Primary dysmenorrhea
N94.9	Unspecified condition associated with female genital organs and menstrual cycle
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N95.0	Postmenopausal bleeding
N97.2	Female infertility of uterine origin

\*For a complete list of ICD-10-CM diagnosis codes, please consult the 2025 ICD-10-CM codebook.

CooperSurgical is not suggesting that the above CPT codes will be covered if you use these ICD codes.

Sources:  
2025 AMA CPT Professional Edition  
2025 National Physician Fee Schedule Relative Value File CY 2025 Final Rule November 1, 2024  
Medicare – National Correct Coding Policy Manual, Physician Effective January 1, 2025  
2025 ICD-10-CM The Complete Official Code Set, Optum 360  
Endosee 510K K190639 FDA Document

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