CooperSurgical®

Endosee® Advance 2022 CODING GUIDE

Hysteroscopy

Payments for physician services are established by CPT codes according to a fee schedule. Under the Medicare Physician Fee Schedule, CPT codes are assigned Relative Value Units (RVUs) which represent the relative amount of physician work, resources and expertise needed to provide services to patients. Payments differ depending upon where the service is provided (facility or non-facility) to accommodate the expenses associated with procedural equipment, personnel, supplies, etc.

1 What code is reported for a diagnostic hysteroscopy?

58555 Hysteroscopy, diagnostic (separate procedure)

CPT Code 58555	2022 Medicare Unadjusted National Payment: Physician Fee Schedule
Facility	**$154**
Work RVU	2.65
PE RVU	1.37
Malpractice RVU	0.42
Total RVU	**4.44**
Non Facility (Office)	**$384**
Work RVU	2.65
PE RVU	8.03
Malpractice RVU	0.42
Total RVU	**11.10**

2 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	2022 Medicare Unadjusted National Payment: Physician Fee Schedule
Facility	**$235**
Work RVU	4.17
PE RVU	1.96
Malpractice RVU	0.67
Total RVU	**6.80**
Non Facility (Office)	**$1,439**
Work RVU	4.17
PE RVU	36.73
Malpractice RVU	0.67
Total RVU	**41.57**

58562 Hysteroscopy, surgical; with removal of impacted foreign body

CPT Code 58562	2022 Medicare Unadjusted National Payment: Physician Fee Schedule
Facility	**$226**
Work RVU	4.00
PE RVU	1.88
Malpractice RVU	0.65
Total RVU	**6.53**
Non Facility (Office)	**$456**
Work RVU	4.00
PE RVU	8.54
Malpractice RVU	0.65
Total RVU	**13.19**

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

No. NCCI edits 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).

4 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.

5 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.

6 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.

7 Is there a global period of "0" days, "10" days or "90" days for 58555 or 58558?

Both codes have "0" day global periods. Post-operative Period (endoscopies and some minor procedures).

8 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.

9 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 2022 ICD-10-CM codebook.

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

For More Information

Contact the Reimbursement Center at 888.925.8166 or reimbursement@coopersurg.com

Sources:
2022 AMA CPT Professional Edition
2022 National Physician Fee Schedule Relative Value File CY 2022 Final Rule December 15, 2021
Medicare - National Correct Coding Policy Manual, Physician Effective January 1, 2022
2022 ICD-10-CM The Complete Official Code Set, Optum 360