BRINGING HYSTEROSCOPY PROCEDURES FROM THE HOSPITAL TO THE OFFICE SETTING
The healthcare landscape is continuing to evolve. Gynecologic surgical procedures are increasingly shifting away from the operating rooms to the physician’s office — with both clinical and economic benefits.\(^1\,2\)

By avoiding operating room and anesthesia costs, office-setting procedures can provide savings for patients and healthcare providers alike. And in January 2017 the Centers for Medicare and Medicaid Services (CMS) increased payment rates for office hysteroscopy (CPT 58558), making it a more practical option. As practitioners nationwide discover how office-setting procedures can positively impact their patients — and their practice — not everyone is ready to accommodate this shift. It requires both gynecologists and office staff to consider:

- Reimbursement
- Patient selection
- Training
- Surgical tools

That's why we've created this comprehensive, interactive, step-by-step guide. To make the transition from hospital to in-office hysteroscopy procedures easier. With the TruClear™ system.
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MAKING THE TRANSITION TO IN-OFFICE HYSTEROSCOPY PROCEDURES
VALUE OF IN-OFFICE HYSTEROSCOPY PROCEDURES FOR YOUR PRACTICE

Each year, millions of women in the United States see their gynecologists to evaluate abnormal uterine bleeding (AUB). AUB can negatively impact a woman’s work life, social life, and sexual life. More and more, gynecologists are treating the cause of AUB — with procedures including polypectomy — in an office-based setting. And an estimated 15 to 25 percent of gynecologists perform office-based operative hysteroscopies.

HOME

PATIENT BENEFITS OF IN-OFFICE HYSTEROSCOPY PROCEDURES

- Less out-of-pocket expense
- Less time away from family/work
- Avoids general anesthesia/intubation
- Greater patient comfort (familiar office setting versus hospital)

PHYSICIAN BENEFITS OF IN-OFFICE HYSTEROSCOPY PROCEDURES

- Improved efficiency and patient throughput
- Reserved OR time for more complex cases
- Expanded service offering to patients

Consider these tips when making the transition to performing in-office hysteroscopy procedures:

- Review the latest state and surgery guidelines for in-office procedures from The American College of Obstetricians and Gynecologists, The American College of Surgeons, and American Society of Anesthesia
- Review established safety protocol for clinical staff
- Feel confident with the hysteroscopy procedure in the OR setting
- Look to perform procedures that instill confidence before tackling the more complex cases
- Talk with your representative about attending hysteroscopy-focused training programs, master classes or clinical immersion opportunities

THE VALUE OF IN-OFFICE HYSTEROSCOPY PROCEDURES

Learn about the value of transitioning your practice to perform in-office hysteroscopy procedures.

SAFETY PROTOCOL FOR IN-OFFICE HYSTEROSCOPY PROCEDURE

Hear about safety protocol for in-office hysteroscopy procedures.
REIMBURSEMENT FOR IN-OFFICE HYSTEROSCOPY PROCEDURES

With the rise of value-based healthcare, the pressure to provide patients quality healthcare has often been accompanied by smaller margins to physicians and hospitals. For GYN procedures, reimbursement rates for polypectomy and endometrial biopsy procedures have historically been low in an office setting. As a result, this has impacted the widespread adoption of in-office hysteroscopy procedures.

In 2017, CMS increased reimbursement rates for polypectomy procedures (CPT 58558) in an office setting by 237% 8, making the office-based hysteroscopy procedures potentially more advantageous to treating physicians.

As with any CMS increase, commercial payers may adapt to these changes over time and not as part of a systematic schedule. This has led some payers to consider changes for these procedures before adjusting reimbursement rates.

We offer a Reimbursement Guide to help understand and maximize reimbursement opportunities.
- Coding guide, sample letters to payers, and procedure cost calculators
- Medtronic Reimbursement Specialist for coding guidance
- Online Reimbursement Hotline serviced by the Pinnacle Health Group for help streamlining the reimbursement process, which can be contacted at (877) 278-7482 or medtronic@thepinnaclehealthgroup.com

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Hear more about the steps to reimbursement opportunities for in-office hysteroscopy procedures.
GETTING YOUR OFFICE READY FOR HYSTEROSCOPY
EQUIPMENT GUIDE AND SAFETY PROTOCOL

Many variables come into play when shifting a traditional GYN hospital procedure to the in-office setting, including:

- Equipment and procedure room setup needs
- Staff training
- Patient safety protocols

Establishing safety protocols for these procedures involves both preparation and staff training, such as advanced cardiovascular life support (ACLS) training.

When it comes time for the actual procedure, having multiple trained clinical staff members in the procedure room is beneficial.

IN-OFFICE HYSTEROSCOPY EQUIPMENT SETUP LIST

- TruClear™ 5C hysteroscope set
- TruClear™ INCISOR™ device
- TruClear™ control unit with footswitch and handpiece
- Method for distention (e.g., pressure bag, fluid management system or syringe)
- Inflow/outflow tubing
- Under buttocks drape
- Suction source (portable or wall suction)
- Specimen trap with canister
- Video tower (camera & light box/cord, monitor/screen)
- D&C instrument tray (may include dilators, tenaculum, forceps, speculum)
- Camera/light cord
- Autoclave/sterilization solution

GETTING YOUR OFFICE READY FOR OPERATIVE HYSTEROSCOPY
Hear more about getting your office ready for operative hysteroscopy.
PATIENT SELECTION

With the shift to in-office GYN procedures, several factors may impact one’s ability to identify the ideal patient candidate.

Tips to consider when identifying the ideal patient candidate:

**Understand the pathology**
Begin with the easier, less complex procedures in the office.

**Acknowledge the patient’s health and wellbeing**
Patients should otherwise be in good health. Those who have cardiac or lung issues, are morbidly obese, or have sleep apnea would be better suited for a procedure in an operating room (OR) setting. Additionally, a patient who has had multiple surgeries to her cervix may not be ideal due to scar tissue.

**Manage a patient’s expectations**
Explain the procedure to the patient prior and during the procedure. Having a dialogue with the patient lets them know exactly what’s going on and what level of pain they might be anticipating.

**Determine the patient’s comfort level**
Help your patient feel at ease by explaining the procedure options and discussing how her pain will be managed. If the patient suffers from anxiety attacks, is taking medication for anxiety, or has previously failed other in-office procedures, she may not be an ideal candidate for an in-office setting.

Download our educational brochure to help facilitate discussions with your patients.
PAIN MANAGEMENT FOR IN-OFFICE HYSTEROSCOPY PROCEDURES

The first step to pain management is ensuring the patient understands the tissue removal procedure, the ability to complete the procedure in an office setting, and that pain control options are available.

Talking with the patient about her concerns and anxiety prior to the day of the procedure ensures the appropriate pain management medications are available for use as needed on the day of the surgery.

POTENTIAL CAUSES OF DISCOMFORT

- Placement of speculum
- Application of tenaculum
- Paracervical block
- Cervical dilation

- Uterine distention
- Contact of energy with uterus
- Prostaglandin release with tissue destruction

THE LEVELS OF PAIN MANAGEMENT

The levels of pain management for this procedure are dependent on the patient, and offer different degrees of relaxation and/or pain relief.

Level 1
Nonsteroidal anti-inflammatory drugs (NSAIDs) – Provides the patient with analgesia relief from the procedure.

Level 2
Anxiolytic Medication – Inhibiting patient anxiety will help to facilitate relaxation throughout the procedure.

Level 3
Paracervical Block – To reduce the pain caused by cervical manipulation, a paracervical block can be laterally placed at the base of the uterus, near the cervix. The paracervical block can be placed at about 7 o’clock and at 5 o’clock.

Level 4
Anesthesia – An in-office procedure can include sedation through anesthesia (if needed). This level provides the greatest amount of pain relief, and no memory of the procedure, but it also requires assistance from an anesthetist.
Consider these tips for pain management protocol:

- Talk to your patients during the procedure. Let them know exactly what's going on and what level of pain they might be anticipating.
- Talk to your patients about the sensations they may experience during a procedure and the noises they may hear from the products being used.
- Move your instruments slowly to manage patient discomfort.
- Review state standards and requirements from industry societies, such as the American College of OBGYN, the American College of Surgery and the American Society of Anesthesia for performing in-office procedures and assess ideal standards for pain management.
- Discuss the recovery process and understand your patient’s pain tolerance threshold.
- Discuss how quickly your patient can resume activities after the procedure.
- Direct your patients to the appropriate resources surrounding insurance coverage.

PAIN MANAGEMENT FOR IN-OFFICE HYSTEROSCOPY PROCEDURES

Hear about pain management recommendations for in-office hysteroscopy procedures.
VAGINOSCOPIC APPROACH
The vaginoscopic approach begins with direct visualization of the uterine cavity with the hysteroscope. Used for diagnostic and in-office hysteroscopy procedures, vaginoscopy can be performed with the use of a small caliber scope that is inserted into the vagina without use of a speculum or tenaculum.

VAGINOSCOPY
1. Clean the cervix and vagina with a small diameter swab dipped in Betadine (povidone-iodine) or alternative (chlorhexidine gluconate) if allergic
2. Spread labia initially and guide scope into posterior fornix of vagina
3. If leaking fluid causes inadequate distension of the vaginal walls, gently pinch the labia with gauze
4. Slowly pull back the scope and manipulate posteriorly to visualize the external cervical os anteriorly

5. Introduce the scope through the cervical os, endocervical canal and into the uterine cavity
   - The uterus will progressively align with the cervix and vagina

6. Perform diagnostic or operative HSC

7. Fluid monitoring
   - Nurse watches inflow and outflow amounts to monitor fluid absorption because the procedure is longer than diagnostic

THE VAGINOSCOPIC APPROACH

Learn more about the vaginoscopic approach.
EQUIPMENT SETUP AND IMPLEMENTING THE TRUCLEAR™ SYSTEM FOR IN-OFFICE HYSTEROSCOPY PROCEDURES

TruClear™ 5C hysteroscope set
USING TRUCLEAR™ SYSTEM FOR IN-OFFICE HYSTEROSCOPY

The TruClear™ system offers an efficient approach with constant visualization, and multiple shavers backed by strong clinical evidence. It also features the smallest scope available on the market.†

The hysteroscope is anatomically-designed, enabling little-to-no dilation of the cervix and few procedural steps. Overall procedure time is also reduced with single-insertion and simultaneous cutting and tissue removal technology.

The TruClear™ 5C hysteroscope set provides optimal viewing of the uterine cavity and facilitates continuous flow and suction during procedures.

Because of its large working channel, the TruClear™ 5C hysteroscope offers a clear view allowing for a physician to see and treat uterine conditions at the same time of diagnosis.

The TruClear™ 5C hysteroscope set is designed to capture all tissue and is typically used for diagnostic procedures. The device is currently the smallest operative mechanical resection device on the market that has a tapered tip, allowing for an easy entry.

The TruClear™ INCISOR™ device is a disposable blade attached to suction and used for soft tissue resection. The blade is inserted in the soft tissue cavity through the hysteroscope on the TruClear™ 5C hysteroscope set.

The TruClear™ ULTRA Mini device is designed for dense tissue removal procedures. The device has different speeds to accommodate different tissue densities.

†When compared with the competition
Tip 1
The sterile wrap from the tray is used as a back table cover. Speculum, tenaculum, sponge stick, and scissors are available. The patient is prepped with Betadine prep sticks.

Tip 2
The cart is placed adjacent to the patient; be careful not to turn on the light until you are ready to start the procedure. The screen may be tilted so that the patient is able to view the surgery.

Tip 3
The under buttocks drape with pouch is placed under the patient. The patient is then draped if desired.

Tip 4
On each hysteroscope, the inflow and outflow is usually marked with an arrow. A sealing cap should be used if operative HSC will be performed.

Tip 5
One to two 1,000 cc bags of saline in pressure bags are used. These are attached to Y-type tubing. 150 mmHg pressure is applied. If more than 2,000 cc is used, it is important to monitor intake and output (I&Os).
EQUIPMENT SETUP IN 5 STEPS
Integrating the TruClear™ 5C hysteroscope set

Step 1: The sheath
- Attach the sheath to the TruClear™ 5C hysteroscope set
- Press firmly on the sheath and twist clockwise until you hear it snap into place
- To release the sheath, press the j-snap button on the top of the sheath and separate the sheath and the TruClear™ 5C hysteroscope set

Step 2: The working channel
- Place the blue rubber cap on the working channel, which is located straight off the back of the scope
- Be sure to close your working channel

Step 3: Inflow tubing
- Attach the inflow valve to the blue lock on the inflow tubing
- The inflow valve is located on top of the scope color-coded with a blue ring

Step 4: The outflow valve
- Take the yellow lock and attach it to the outflow valve of the TruClear™ 5C hysteroscope set
- The outflow valve is located on the bottom of the sheath and is color-coded with a yellow ring

Step 5: Hand piece
- Now that the TruClear™ 5C hysteroscope set is set up, connect tubing to the hand piece
- Before beginning a case, ensure that your suction lever is set to the off position
TREATING INFERTILITY

Polyp removal procedures performed in the office setting can offer better precision and comfort to support patients’ need for rapid recovery and improved outcomes, including aiding in the preservation of future fertility.

The TruClear™ system is an incisionless removal option that addresses common infertility challenges and miscarriage-causing abnormalities, such as uterine fibroids and polyps.

Evaluate the uterine cavity to determine if there are problems that may be impacting the patient’s ability to achieve and maintain pregnancy. Potential issues that may confound pregnancy include:

- Endometrial polyps
- Uterine fibroids
- Intrauterine adhesions
- Retained products of conception after miscarriage, C-sections or vaginal deliveries
- Congenital malformation of uterus (i.e. uterine septum)

Discover additional factors to consider when treating infertility with an in-office hysteroscopy procedure.
Recommended product codes when ordering TruClear™ system equipment:

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<td>TruClear™ hysteroscopic tissue removal system</td>
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<td>Hysteroscopic Roller Base</td>
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<td>7220320</td>
<td>Hysteroscopic Vacuum Regulator</td>
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<td>Hysteroscopic Procedure Kit (Includes Inflow Tube Set, Outflow Tube Set, IUR Non-sterile Kit)</td>
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<td>IUR Non-sterile Kit (Includes 4 jumper tubes and tissue trap)</td>
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<td>Single Jumper Procedure Kit</td>
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<td>Gynecology Instrument Tray</td>
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Advanced GYN and hysteroscopy training programs are also offered to physicians. These programs provide customized training with use of the TruClear™ system, including:

- Hysteroscopy-focused training program
- One-day operative hysteroscopy master classes or operative hysteroscopy mentorships that includes the onsite course followed by in-person observation with faculty on 3-4 cases
- Visiting surgeon program, clinical immersion, didactic lectures, live case observation, and simulation skills assessment and practice

Learn more about the TruClear™ system. Talk with your representative about integrating the TruClear™ system into an in-office setting for diagnostic and tissue removal surgical procedures.

RESOURCES
Our comprehensive Reimbursement toolkit to help practices toward maximum reimbursement opportunities. This includes:

- Coding guide, sample letters, and cost calculators
- Medtronic Reimbursement Specialist for coding guidance
- Online Reimbursement Hotline serviced by the Pinnacle Health Group for help streamlining the reimbursement process