

# 2020 MEDICARE REIMBURSEMENT

## OPERATIVE HYSTEROSCOPY WITH THE TRUCLEAR™ SYSTEM

### 2020 Medicare National Average Allowable Rates

CPT CODE <sup>1</sup>	CODE DESCRIPTION	PHYSICIAN <sup>2</sup>		HOSPITAL OUTPATIENT <sup>3</sup>		ASC <sup>3</sup>
		MEDICARE NAT'L AVG		APC AND APC DESCRIPTION	MEDICARE NAT'L AVG	MEDICARE NAT'L AVG
		FACILITY SETTING	NON-FACILITY SETTING			
58555	Hysteroscopy, diagnostic, separate procedure	\$159.52	\$334.19	5414 Level IV Gynecologic Procedures	\$2,497.83	\$1,235.31
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	\$243.25	\$1,429.52	5414 Level IV Gynecologic Procedures	\$2,497.83	\$1,235.31
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	\$300.63	NA	5415 Level V Gynecologic Procedures	\$4,271.07	\$1,816.36
58561	Hysteroscopy, surgical; with removal of leiomyomata	\$378.22	NA	5415 Level V Gynecologic Procedures	\$4,271.07	\$1,816.36

### Common Modifiers

In addition to selecting appropriate CPT codes, providers should pay attention to the use of modifiers. A modifier indicates that a service or procedure was altered by specific circumstances, but not changed in its definition or code.

Modifier	Descriptor
-22	Increased Procedural Services
-51	Multiple Procedures
-52	Reduced Services
-73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia
-74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After the Administration of Anesthesia

For assistance with reimbursement coding questions, contact the Medtronic Reimbursement Hotline at (877) 278-7482.

## REFERENCES:

1. CPT copyright 2020 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
2. Centers for Medicare & Medicaid Services. Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations Final Rule; and Coding and Payment for Evaluation and Management, Observation and Provision of Self-Administered Esketamine Interim Final Rule; Final Rule, Federal Register (84 Fed. Reg. No. 221 (62568-63563) 42 CFR Parts 403, 409, 410, 411, 414, 415, 416, 418, 424, 425, 489 and 498. (<https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>) Published November 15, 2019.
3. Centers for Medicare & Medicaid Services. Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Revisions of Organ Procurement Organizations Conditions of Coverage; Prior Authorization Process and Requirements for Certain Covered Outpatient Department Services; Potential Changes to the Laboratory Date of Service Policy; Changes to Grandfathered Children's Hospitals-Within-Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots. Final Rule, Federal Register (84 Fed. Reg. No. 218 61142 - 61492) 42 CFR Parts 405, 410, 412, 414, 416, 419, and 486. <https://www.govinfo.gov/content/pkg/FR-2019-11-12/pdf/2019-24138.pdf>. Published November 12, 2019. Addendum B, AA.

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