

Gynecological Procedures

Global and Physician Professional Payment

CPT® and HCPCS Code	Description	Place-of-Service Component	RVU*	2021 National Average Medicare Rate†
58300**	Insertion of intrauterine device (IUD)	Global (Office/Freestanding) Professional (Facility)	3.05 1.49	\$106.42 \$51.99
58301	Removal of intrauterine device (IUD)	Global (Office/Freestanding) Professional (Facility)	3.19 1.96	\$111.31 \$66.39
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	Global (Office/Freestanding) Professional (Facility)	6.90 1.67	\$240.76 \$68.27
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Global (Office/Freestanding) Professional (Facility)	30.29 6.79	\$1,056.91 \$236.92
58550	Hysteroscopy, diagnostic (separate procedure)	Global (Office/Freestanding) Professional (Facility)	10.65 4.46	\$371.61 \$155.62
58558	Hysteroscopy, surgical, with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Global (Office/Freestanding) Professional (Facility)	42.87 6.76	\$1,495.87 \$236.58
58561	Hysteroscopy, surgical, with removal of leiomyomata	Global (Office/Freestanding) Professional (Facility)	NA 10.52	NA \$367.06
58563*	Hysteroscopy, surgical, with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermocoagulation)	Global (Office/Freestanding) Professional (Facility)	64.72 7.24	\$2,256.28 \$252.63
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Global (Office/Freestanding) Professional (Facility)	NA 24.03	NA \$636.46
74740	Hysterosalpingography, radiological supervision and interpretation	Global (Office/Freestanding) Professional (Facility)	2.86 0.54	\$99.79 \$18.84
76830	Ultrasound, transvaginal	Global (Office/Freestanding) Professional (Facility)	3.64 0.68	\$127.01 \$34.30
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	Global (Office/Freestanding) Professional (Facility)	3.55 1.03	\$123.67 \$35.94

* Hysteroscopy is not required with the NovaSure® system.

** This code is not payable by Medicare.

Place-of-Service*

Place-of-Service Code	Place-of-Service Name	Place-of-Service Description
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
22	Outpatient Hospital	A portion of a hospital that provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

1. American Medical Association (AMA), 2021 Current Procedural Terminology (CPT), Professional Edition. CPT codes and descriptions only are copyright 2020 AMA. All rights reserved. The AMA assumes no liability for data contained herein. No fee schedules, basic units, relative or related listings are included in CPT. Applicable CPT/ICD-10-CM Restrictions Apply for Government Use.

2. The 2021 physician relative value units (RVUs) are from the 2021 Physician Fee Schedule (PFS) Final Rule, Addendum B available from the CMS website at <https://www.cms.gov/medicare/providers/physician-fee-schedule-payments/physician-fee-schedule-payments-federal-regulation-notices/cms-11394-f>.

3. The national average 2021 Medicare rates to physicians shown are based on the 2021 conversion factor of \$34.8021 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given facility in 2021 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at <http://www.cms.gov/medicare/physician-fee-schedule-overview.aspx>. Any payment rates listed may be subject to change without notice. Actual payment to a physician will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or paper contracts.

4. AMA, 2021 CPT, Professional Edition.

Hologic provides this coding guide for informational purposes only. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure or treatment. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating physician and/or facility. Contact your local payer for specific coding and coverage guidelines. Hologic cannot guarantee medical benefit coverage or reimbursement with the codes listed in this guide.

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