

Gynecological Procedures

Global and Physician Professional Payment

2019 National Average Medicare Rates

CPT® Code ¹	Description	Facility (Professional)		Office/Freestanding (Global)	
		RVU ²	Rate ³	RVU ²	Rate ³
56820	Colposcopy of the vulva	2.46	\$88.66	3.28	\$118.21
57420	Colposcopy of the entire vagina, with cervix if present	2.62	\$94.42	3.45	\$124.33
57452	Colposcopy of the cervix including upper/adjacent vagina	2.62	\$94.42	3.25	\$117.13
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	4.58	\$165.06	8.30	\$299.12
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	2.01	\$72.44	2.64	\$95.14
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	6.35	\$228.85	7.66	\$276.06
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	29.10	\$1,048.74	NA	NA
58260	Vaginal hysterectomy, for uterus 250 g or less	23.48	\$846.20	NA	NA
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	1.64	\$59.10	4.47	\$161.09
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	9.84	\$354.62	52.14	\$1,879.08
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less	24.92	\$898.09	NA	NA

* This code is not payable by Medicare.

** Hysteroscopy is not required with the NovaSure® system.

1. American Medical Association (AMA), 2019 Current Procedural Terminology (CPT), Professional Edition. CPT codes and descriptions only are copyright 2018 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 FARS/DFARS Restrictions Apply for Government Use. Centers for Medicare & Medicaid Services (CMS), 2019 Healthcare Common Procedure Coding System (HCPCS) codes, available at <http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>.
2. The 2019 physician relative value units (RVUs) are from the January 2019 RVU file (RVU19A) available on the CMS website at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html?DLSort=0&DLEntries=10&DLPage=1&DLSortDir=descending>.
3. The national average 2019 Medicare rates to physicians shown are based on the 2019 conversion factor of \$36.0391 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2019 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at <http://www.cms.gov/apps/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 payer contracts.

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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58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	10.33	\$372.28	NA	NA
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	9.35	\$336.97	NA	NA
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	6.95	\$250.47	NA	NA
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	10.34	\$372.64	NA	NA
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	60.43	\$2,177.84	NA	NA
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	67.00	\$2,414.62	NA	NA
74740	Hysterosalpingography, radiological supervision and interpretation	0.54	\$19.46	2.32	\$83.61
76830	Ultrasound, transvaginal	0.99	\$35.68	3.44	\$123.97
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	1.04	\$37.48	3.35	\$120.73
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: <ul style="list-style-type: none"> · An expanded problem focused history; · An expanded problem focused examination; · Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	1.44	\$51.90	2.09	\$75.32

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