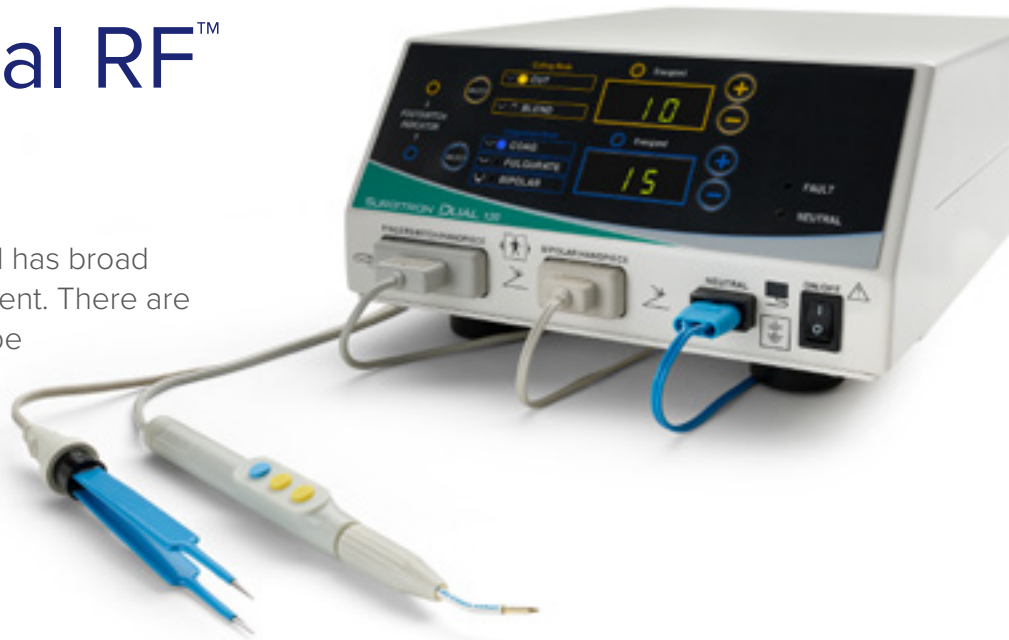


Expand your practice offerings with the Surgitron® Dual RF™ 120 System

The **Surgitron® System** is versatile and has broad coverage and established reimbursement. There are a wide variety of CPT codes that may be applicable depending on what is ordered, performed, and reported.



Common Procedure Codes: Global and Physician Professional Payment

CPT Code ¹	Description ¹	Site of Service	RVU ²	2019 National Average Medicare Rate ³
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)	Office/Freestanding (Global)	4.10	\$147.76
		Facility (Professional)	3.41	\$122.89
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)	Office/Freestanding (Global)	6.72	\$242.18
		Facility (Professional)	5.80	\$209.03
57460	Coloscopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	Office/Freestanding (Global)	8.30	\$299.12
		Facility (Professional)	4.58	\$165.06
57461	Coloscopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	Office/Freestanding (Global)	9.34	\$336.61
		Facility (Professional)	5.28	\$190.29
57522	Conization of the cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	Office/Freestanding (Global)	7.79	\$280.74
		Facility (Professional)	6.98	\$251.55

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), 2018 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.

Facility Payment

CPT Code ¹	Description ¹	Site of Service	2019 National Average Medicare Rate ^{2,3}
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Hospital	\$1,548.96
		ASC	\$83.60
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Hospital	\$1,548.96
		ASC	\$797.53
57460	Coloscopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	Hospital	\$2,361.27
		ASC	\$184.50
57461	Coloscopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	Hospital	\$2,361.27
		ASC	\$197.83
57522	Conization of the cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	Hospital	\$2,361.27
		ASC	\$1,156.61

Do you have additional coding questions? Our Reimbursement Hotline can help.

The Pinnacle Health Group staff of professional certified coders address questions regarding:

- Coding
- Insurance Coverage
- Contracted Rate Verification
- Patient Benefit Verification
- Patient Preauthorization / Pre- Certification
- Claims Appeals & Denials



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2. The national average 2019 Medicare rates for the hospital outpatient setting are from the 2019 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, Addendum B, accessible at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>.

3. The national average 2019 Medicare rates for the ambulatory surgical center setting are from the 2019 Ambulatory Surgical Center Payment Final Rule, Addenda AA and BB, accessible at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>. Any payment rates listed are Medicare national averages that may be subject to change without notice and do not reflect payment cuts due to sequestration. Actual payment to a hospital or ambulatory surgical center 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.

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