

Gynecological Procedures

Global and Physician Professional Payment

CPT® and HCPCS Code¹	Description	Place-of-Service Component	RVU²	2021 National Average Medicare Rate³
58300**	Insertion of intrauterine device (IUD)	Global (Office/Freestanding)	3.05	\$106.42
		Professional (Facility)	1.49	\$51.99
58301	Removal of intrauterine device (IUD)	Global (Office/Freestanding)	3.19	\$111.31
		Professional (Facility)	1.96	\$68.39
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	Global (Office/Freestanding)	6.90	\$240.76
		Professional (Facility)	1.67	\$58.27
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Global (Office/Freestanding)	30.29	\$1,056.91
		Professional (Facility)	6.79	\$236.92
58555	Hysteroscopy, diagnostic (separate procedure)	Global (Office/Freestanding)	10.65	\$371.61
		Professional (Facility)	4.46	\$155.62
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Global (Office/Freestanding)	42.87	\$1,495.87
		Professional (Facility)	6.78	\$236.58
58561	Hysteroscopy, surgical; with removal of leiomyomata	Global (Office/Freestanding)	NA	NA
		Professional (Facility)	10.52	\$367.08
58563*	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Global (Office/Freestanding)	64.72	\$2,258.28
		Professional (Facility)	7.24	\$252.63
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Global (Office/Freestanding)	NA	NA
		Professional (Facility)	24.03	\$838.48
74740	Hysterosalpingography, radiological supervision and interpretation	Global (Office/Freestanding)	2.86	\$99.79
		Professional (Facility)	0.54	\$18.84
76830	Ultrasound, transvaginal	Global (Office/Freestanding)	3.64	\$127.01
		Professional (Facility)	0.98	\$34.20
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	Global (Office/Freestanding)	3.55	\$123.87
		Professional (Facility)	1.03	\$35.94

* Hysteroscopy is not required with the NovaSure® system.

** This code is not payable by Medicare.

Place-of-Service⁴

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 FARS/DFARS 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/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f>.

3. The national average 2021 Medicare rates to physicians shown are based on the 2021 conversion factor of \$34.8931 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2021 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.

4. AMA, 2021 CPT, Professional Edition.

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Gynecological Procedures

Facility Payment

CPT® and HCPCS Code ¹	Description	Place-of-Service	APC ²	Status Indicator	2021 National Average Medicare Rate ³
58300	Insertion of intrauterine device (IUD)	Hospital	NA	E1	Non-allowed/not paid by Medicare
		ASC	NA	NA	Not payable in the ASC setting
58301	Removal of Intrauterine device (IUD)	Hospital	5412	Q2	\$281.48
		ASC	NA	P3	\$58.66
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	Hospital	NA	N	Packaged
		ASC	NA	N1	Packaged
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Hospital	5415	J1	\$4,409.54
		ASC	NA	A2	\$1,873.15
58555	Hysteroscopy, diagnostic (separate procedure)	Hospital	5414	J1	\$2,623.21
		ASC	NA	A2	\$1,304.80
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Hospital	5414	J1	\$2,623.21
		ASC	NA	A2	\$1,304.80
58561	Hysteroscopy, surgical; with removal of leiomyomata	Hospital	5415	J1	\$4,409.54
		ASC	NA	A2	\$1,873.15
58563*	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Hospital	5415	J1	\$4,409.54
		ASC	NA	A2	\$1,873.15
58674	Laparoscopy, surgical, ablation of uterine fibroids(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Hospital	5362	J1	\$8,907.66
		ASC	NA	G2	\$3,813.40
74740	Hysterosalpingography, radiological supervision and interpretation	Hospital	5523	Q2	\$230.13
		ASC	NA	N1	Packaged

*Hysteroscopy is not required with the NovaSure® system.

Supplies

CPT® and HCPCS Code ¹	Description	Place-of-Service	APC ²	Status Indicator	2021 National Average Medicare Rate ³
A4649	Surgical supply; miscellaneous	Hospital	NA	N	Payment is packaged into payment for other services. Therefore, there is no separate APC payment

Modifier Information³

Modifier	Description	Explanation
52	Reduced services	Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.
53	Discontinued procedure	Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

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2. The national average 2021 Medicare rates and status indicators for the hospital outpatient setting are from the 2021 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, Addenda B and D1, accessible at <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientprospectivepayment-system-regulations-and-notices/cms-1736-fc>. The national average 2021 Medicare rates and status indicators for the ambulatory surgical center setting are from the 2021 Ambulatory Surgical Center Payment Final Rule, Addenda AA, BB, and DD1, accessible at <https://www.cms.gov/medicare/medicare-fee-service-payment/ambulatory-surgical-center-payment-regulations-and-notices/cms-1736-fc>. 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.

3. AMA, 2021 CPT, Professional Edition.

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Facility Payment

Status and Payment Indicator Information¹

Status and Payment Indicator	Explanation
HOPPS Status Indicator	
E1	Not paid by Medicare when submitted on outpatient claims
J1	Comprehensive APC paid under OPSS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with status indicator "F", "G", "H", "L" and "U"
N	Payment is packaged into payment for other services. Therefore, there is no separate APC payment
Q2	Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator "T"
S	Significant procedure not subject to multiple procedure discount
T	Paid separately under OPSS but multiple procedure reduction applies
ASC Payment Indicator	
A2	Payment based on OPSS relative payment weight
G2	Surgical procedure on ASC list in CY 2007; payment based on OPSS relative payment weight.
N1	Packaged service/item; no separate payment made
P3	Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.

1. The OPSS Payment Status Indicators for CY 2021 are from the 2021 Hospital Outpatient Prospective Payment System (OPSS) Final Rule, Addendum D1, accessible at <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc>. The ASC Payment Status Indicators for CY 2021 are from the 2021 Ambulatory Surgical Center Payment Final Rule, Addenda DD1, accessible at <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1736-fc>.

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