

Commonly Used Hysteroscopy & Cystoscopy Codes

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.



2019 Medicare Reimbursement Average

CPT/ HCPCS	Description	Non-Facility			Facility		
		Total RVUs ^{2,3}	2019 Reimb.	Estimated Commercial Reimb. based at 125% (National Medicare Avg)*	Total RVUs ^{2,3}	2019 Reimb.	Estimated Commercial Reimb. based at 125% (National Medicare Avg)*
Hysteroscopy							
58555	Diagnostic Hysteroscopy	8.40	\$302.73	\$378.41	4.35	\$156.77	\$195.96
58558	HYS with biopsy, and/or polypectomy w/ or w/o D&C	38.37	\$1,400.84	\$1,751.05	6.63	\$238.94	\$298.68
58562	HYS with removal of impacted foreign body	10.39	\$374.45	\$468.06	6.34	\$228.49	\$285.61
58563	HYS with endometrial resection of endometrial ablation	50.21	\$1,809.52	\$2,261.90	7.05	\$254.08	\$317.60
58565	HYS with bilateral tubal occlusion by placement of permanent implants	51.80	\$1,866.83	\$2,333.54	12.41	\$447.25	\$559.06
Cystoscopy							
52000	Cystoscopy (separate procedure)	5.39	\$194.25	\$242.81	2.34	\$84.33	\$105.41
52204	Cystoscopy, with biopsy(s)	10.81	\$389.58	\$486.98	4.08	\$147.04	\$183.80
52287	Cystoscopy, with injection(s) for chemodestruction of the bladder	9.65	\$347.78	\$434.73	4.89	\$176.23	\$220.29
51715	Endoscopic injection/implant	9.07	\$326.87	\$408.59	5.76	\$207.59	\$259.49

*CPT Codes and descriptors only are copyright 2019 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

¹If values are reflected for a code with a status indicator other than "A", "R", or "T", the RVUs generally reflect recommendations submitted to CMS process through the PFS methodology without modification.

²2019 Medicare Physician Fee Schedule Conversion Factor (RVU) = \$36.0391

³An average commercial reimbursement would be a percentage above Medicare (MC) reimbursement –125%

The information contained in this document is provided to help you understand the reimbursement process. It is not intended to (i) increase or maximize reimbursement by any payor or (ii) represent any comparison between health outcomes of ASC/hospital hysteroscopy procedures and in-office hysteroscopy (non-facility) procedures. We strongly recommend that providers consult their payer organization with regard to local reimbursement policies.

The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by UVision360, Inc. concerning levels of reimbursement, payment or charge. Similarly, all CPT® HCPCS and ICD-10 codes are supplied for information purposes only and represent no statement, promise or guarantee by UVision360, Inc. that these codes will be appropriate or that reimbursement will be made.

The content provided by the Center for Medicare and Medicaid Services is updated frequently. It is the responsibility of the health services provider to confirm the appropriate coding required by their local Medicare carriers, fiscal intermediaries and commercial payors.

Diagnostic & Operative Hysteroscopy

Cost effective & convenient
for physicians and patients

An underutilized tool, office hysteroscopy should be considered for your office in order to maximize workflow, heighten patient satisfaction and support reimbursement strategies:



- Reduces number of OR procedures as well as time out of office for travel, paperwork and perioperative time which is **not reimbursed**¹



- **Reimbursement** for these procedures is higher than for a simple endometrial biopsy and more information can be obtained through direct visualization¹
- Office Hysteroscopy offers **significant economic savings** to patients in comparison to hospital (facility) procedures²

Likewise, Office Hysteroscopy has additional benefits for a better patient experience and environment:



- In a study conducted in 100 women, 93% stated they would repeat the same procedure if clinically needed and **97% of the women would recommend Office Hysteroscopy to a friend**.³

- Patients may not be subjected to **potential dangers** of general anesthesia¹

- Number of office visits required to diagnose and treat intrauterine pathology and **days off from work is reduced**¹

- Patient has the option of watching their procedure in real-time which **may increase a feeling of comfort**¹



REFERENCES: 1. Wong M, Miller V, Isaacson K. Why you should be performing office hysteroscopy...now. Contemporary *OBGYN*. 2017.
2. Moawad NS, Santamaria E, Johnson M, Shuster J. Cost Effectiveness of office hysteroscopy for abnormal uterine bleeding. *JSL* 2014 Jul; 18(3). 3. Abbasi I, Oliver, J, Jones T, et al. Office Diagnostic and Operative Hysteroscopy Service—Patient Satisfaction Survey. *ejogrb*. 2016.

The information contained in this document is for general information purposes only and is not based on studies using the Luminelle DTx System.

©2018 UVision360, Inc. Luminelle is a registered trademark of UVision360, Inc. All Rights Reserved. Printed in U.S.A.

OR Performance. Office Value.

The compact, integrated Luminelle system is all you need to perform most diagnostic and therapeutic procedures in your office.

Key features include:

- Easy to setup, easy to use, easy to maintain
- High resolution, elongated range of view (5-50mm)
- Slim-line, semi-flexible Hysteroscope
- 360° rotating, single-use operative sheath (OD: 5.7mm)



luminelle[®]
when image matters.*

Learn more at luminelle360.com