

# Adiana® Permanent Contraception

## 2009 CODING & REIMBURSEMENT GUIDE

### Hysteroscopy with fallopian tube occlusion, permanent implants

#### Physician Payment

CPT® CODE <sup>4</sup>	DESCRIPTION	LOCATION	RVU <sup>1</sup>	2009 NATIONAL AVERAGE MEDICARE RATE <sup>1</sup>
58565	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Office	51.64	\$1862.48
		Hospital/ASC	11.84	\$427.03

#### Facility Payment

CPT® CODE <sup>4</sup>	DESCRIPTION	LOCATION	APC <sup>1</sup> CATEGORY	2009 NATIONAL AVERAGE MEDICARE RATE <sup>2</sup>
58565	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Hospital	0202	\$2888.07
		ASC	0202	\$1535.14

#### Place of Service<sup>3</sup> and Modifier Information<sup>5</sup>

PLACE OF SERVICE CODE	PLACE OF SERVICE NAME	MODIFIER	EXPLANATION
11	Office	-53 Discontinued Services	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 must be reported by adding CPT modifier 53 to the code reported by the physician for the discontinued procedure.
22	Outpatient Hospital		
24	Ambulatory Surgical Center		

#### Confirmation Test<sup>2</sup> - 3 months post procedure

CPT CODE <sup>4</sup>	DESCRIPTION	LOCATION	2009 NATIONAL AVERAGE MEDICARE RATE <sup>1,2</sup>	
58340*	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography or hysterosalpingography	Office	\$121.18	
		Hospital	Professional	\$56.62
			Technical	Packaged
74740*	Radiological supervision and interpretation of hysterosalpingography	Office	\$77.18	
		Hospital	Professional	\$19.48
			Technical	\$199.51

\* Neither code is paid in the ASC setting.

- Physician relative value units (RVUs) are based on the Medicare 2009 Physician Fee Schedule Final rule published in the Federal Register, October 30, 2008. National average Medicare rates, rounded to the nearest dollar, are based on these RVUs and account for the work RVU adjustment completed by CMS for Medicare budget neutrality purposes. The 2009 conversion factor is \$36.067. Actual payment to a physician will vary based on geographic location. Payment for a given procedure in a given locality is available in the Medicare Physician Fee Schedule Look-up file posted in the Physician Center of the CMS website.
- Ambulatory Payment Classification (APC) and the Ambulatory Surgical Center (ASC) payment rates are taken from the Medicare Hospital Outpatient Prospective Payment System final rule published in the Federal Register on October 30, 2008.
- Place of service codes listed in CPT® 2007, Current Procedural Terminology, Professional Edition, 2006 American Medical Association.
- American Medical Association, CPT® 2007, Professional Edition and HCPCS 2007, Nineteenth edition.
- Modifier information is taken from Coding with Modifiers, A Guide to Correct CPT® and HCPCS Level II Modifier Usage, 2004 American Medical Association, Second Printing July 2004, Third Printing February 2005

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