

2022 GYNECOLOGIC CODING AND REIMBURSEMENT GUIDE

Effective January, 2022



minerva^{ES}
Endometrial Ablation System

SYMPHION[®]
Tissue Removal System

Genesys HTA[®]
Endometrial Ablation System

resectr[™]
Tissue Resection Device

Complete, best-in-class intrauterine product suite

Welcome to your guide to coding and reimbursement for the diagnosis of Abnormal Uterine Bleeding (AUB) and the treatment of AUB utilizing Minerva’s complete intrauterine product suite:



The Minerva® Endometrial Ablation System is intended to ablate the endometrial lining of the uterus in pre-menopausal women with menorrhagia (excessive bleeding) due to benign causes for whom **childbearing is complete**.



The Symphion® System Endoscope and Accessories is intended to provide the physician with a means for endoscopic diagnostic and therapeutic surgical procedures. It is indicated for use in diagnostic examination and therapeutic surgical procedures of, but not limited to, urology and gynecology.



The Genesys® HTA System is a hysteroscopic thermal ablation device intended to ablate the endometrial lining of the uterus in premenopausal women with menorrhagia (excessive uterine bleeding) due to benign causes for whom **childbearing is complete**.



Resectr™ Tissue Resection Device is intended for intrauterine use by physicians trained in hysteroscopy to resect and remove tissue, including focal lesions such as endometrial polyps.

Minerva Surgical does not condone off-label use of any of its devices.

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Place of Service Codes

Do you regularly include 'Place of Service' codes?

When submitting billing claims for in-office diagnostic and operative treatments use the **Place of Service code 11** to receive full reimbursement.

Code	Site	Explanation
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.
19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Effective January 1, 2016)
22	On Campus-Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016)
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.

CPT Procedure Codes and Physician Reimbursement RBRVS

Current Procedural Terminology (CPT) codes are developed and maintained by the American Medical Association. CPT codes are used by physicians to report all services. CPT codes are also used by hospitals to report outpatient services and by ambulatory surgery centers to report outpatient procedures.

Resource Based Relative Value Scale (RBRVS) is the prospective payment system Medicare uses to reimburse physicians. Each service has Relative Value Units (RVUs) that indicate its rank compared to all other services in terms of the relative costs of all resources required, including physician time, practice expenses and malpractice insurance. The RVU is converted to a flat payment amount using a standardized annual conversion factor.

Different sites of services have different RVUs and payment:

Non-Facility, or In-Office, RVUs represent surgical services provided in physicians’ offices.

Facility RVUs represent surgical services provided in hospitals, ambulatory surgical centers, or skilled nursing facilities.

RVUs and payments are usually higher in the physician office setting because the physician incurs all costs and must be reimbursed for those costs. RVUs and payments are usually lower in the facility setting because the facility is able to share costs incurred for equipment, personnel and the health center site.

NA indicates that the Non-Facility RVUs do not exist because the service is expected to be performed in a facility.

CPT Code	Description	RVU Base In-Office Total	M.D. In-Office Medicare Base Rate	RVU Base Facility Total	M.D. Facility Medicare Base Rate
Minerva ES®					
58353	Endometrial ablation, thermal, without hysteroscopic guidance	29.04	\$1,013	6.91	\$241
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	66.34	\$2,315	7.25	\$253
Genesys HTA®					
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	66.34	\$2,315	7.25	\$253
Symphion®					
58555	Hysteroscopy, diagnostic (separate procedure)	11.10	\$387	4.44	\$155
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	41.57	\$1,451	6.8	\$237
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	NA	NA	8.4	\$293
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	NA	NA	9.23	\$322
58561	Hysteroscopy, surgical; with removal of leiomyomata	NA	NA	10.55	\$368
Resectr™					
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	41.57	\$1,451	6.8	\$237

*Level I (numeric) CPT codes and descriptors are copyrighted by the American Medical Association (AMA).

Reimbursement: Ambulatory Surgery Centers (ASCs)

An Ambulatory Surgery Center (ASC) is a standalone and independent surgical site, both financially and administratively. The surgical complexity of a procedure performed at an ASC is limited by Medicare. Medicare releases an ASC Covered Procedures List annually. Medicare’s prospective payment system for ASCs is based on the systems used for hospital outpatient services and physician office-based procedures. Each CPT code for an ASC-covered procedure is assigned a relative weight and flat payment amount which is then adjusted for the ASC setting.

When the Multiple Procedure Discount is Yes (Y), it indicates that the code pays at 100% of the rate when it is the only procedure or is the highest-weighted procedure, but pays at 50% of the rate when it is submitted with another higher-weighted procedure.

Multiple procedures can be paid for the same case if multiple codes are submitted. The payment indicator (PI) signifies how a code is handled for payment. Specifically, payment indicator A2 means a surgical procedure whose payment is based on the hospital outpatient rate. Payment indicator G2 represents a non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

CPT Code	Description	Mult Proc Discounting?	Payment Indicator	Relative Weight	Base Payment
Minerva ES®					
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Y	A2	38.54	\$1,930
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electro-surgical ablation, thermoablation)	Y	A2	38.54	\$1,930
Genesys HTA®					
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electro-surgical ablation, thermoablation)	Y	A2	38.54	\$1,930
Symphion®					
58555	Hysteroscopy, diagnostic (separate procedure)	Y	A2	26.83	\$1,344
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Y	A2	26.83	\$1,344
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	Y	A2	38.54	\$1,930
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	Y	A2	38.54	\$1,930
58561	Hysteroscopy, surgical; with removal of leiomyomata	Y	A2	38.54	\$1,930
Resectr™					
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Y	A2	26.83	\$1,344

*Addendum AA-EE -- Final ASC Covered Surgical Procedures for CY 2021 <https://edit.cms.gov/medicaremedicare-fee-service-paymentascpaymentasc-regulations-and-notices/cms-1736-fc>

Reimbursement: Hospital Outpatient (HOPDs)

Ambulatory Payment Classifications (APCs) is the prospective payment system Medicare uses to reimburse hospitals for outpatient services. Each CPT code for a significant procedure is assigned to a specific APC class based on clinical and resource similarities. Each APC has a relative weight that indicates its rank compared to all other procedures in terms of the relative costs. The relative weight is then converted to a flat payment amount using a standardized conversion factor.

Multiple APCs can be assigned for the same case if multiple procedures are performed. The status indicator (SI) signifies how a code is handled for payment. Status Indicator C indicates an inpatient procedure, not paid under OPPTS. The patient should be admitted and billed as an inpatient. Status indicator J1 will trigger a comprehensive APC payment for the claim, meaning a single APC will be paid while all other items and services on the same date of service will no longer generate separate payment.

CPT Code	Description	APC	APC Title	SI	Relative Weight	Base Rate Payment
Minerva ES®						
58353	Endometrial ablation, thermal, without hysteroscopic guidance	5415	Level 5 Gynecologic Procedures	J1	53.5002	\$4,503
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	5415	Level 5 Gynecologic Procedures	J1	53.5002	\$4,503
Genesys HTA®						
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	5415	Level 5 Gynecologic Procedures	J1	53.5002	\$4,503
Symphion®						
58555	Hysteroscopy, diagnostic (separate procedure)	5414	Level 4 Gynecologic Procedures	J1	31.8325	\$2,680
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	5414	Level 4 Gynecologic Procedures	J1	31.8325	\$2,680
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	5415	Level 5 Gynecologic Procedures	J1	53.5002	\$4,503
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	5415	Level 5 Gynecologic Procedures	J1	53.5002	\$4,503
58561	Hysteroscopy, surgical; with removal of leiomyomata	5415	Level 5 Gynecologic Procedures	J1	53.5002	\$4,503
Resectr™						
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	5414	Level 4 Gynecologic Procedures	J1	31.8325	\$2,680

*Addendum A.-Proposed OPPTS APCs for CY 2021. Addendum B.-Proposed OPPTS Payment by HCPCS Code for CY 2021
<https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notice/cms-1736-p>

ICD-10-CM Diagnostic Codes

ICD-10-CM Diagnostic Codes have been used by all healthcare providers, including physicians, certified healthcare providers and outpatient and inpatient services for coding diagnosis and disposition since October 1, 2015. For a complete list of ICD-10-CM diagnosis codes, please consult the 2020 ICD-10-CM codebook.

ICD-10-CM Code	Description
Minerva ES®	
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.4	Excessive bleeding in the premenopausal period
N93.8	Other specified abnormal uterine and vaginal bleeding
Genesys HTA®	
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N93.8	Other specified abnormal uterine and vaginal bleeding
Symphion®	
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
N84.0	Polyp of corpus uteri
Resectr™	
N84.0	Polyp of corpus uteri
N84.1	Polyp of cervix uteri

ICD-10-PCS Procedure Codes

ICD-10-PCS Procedure Codes have been used by hospitals for inpatient procedures since October 1, 2015. This list groups codes together by root operations representing procedures performed. The ICD-10-PCS root operation is cited by the third digit. Root operations identify the general objective of the procedure using the ICD-10-PCS system. The code variances represent the body part or anatomy as well as the left or right side of the body.

PCS Coding	Objective of Root Operation
Destruction	Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent
Excision	Portion of a body part is cut out or off using a sharp instrument
Extraction	Pulling or stripping out or off all or a portion of a body part by the use of force
Inspection	Visually and/manually exploring a body part
Minerva ES®	
0U5B0ZZ	Destruction of Endometrium, Open Approach
0UDB7ZX	Extraction of Endometrium, Via Opening, Diagnostic
0UDB7ZZ	Extraction of Endometrium, Via Natural or Artificial Opening
Genesys HTA®	
0U5B8ZZ	Destruction of Endometrium, Via Natural or Artificial Opening Endoscopic
Symphion®	
0UB98ZX	Excision of Uterus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UB98ZZ	Excision of Uterus, Via Natural or Artificial Opening Endoscopic
0UDBSZX	Extraction of Endometrium, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UDBSZZ	Extraction of Endometrium, Via Natural or Artificial Opening Endoscopic
0UJDSZZ	Inspection of Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
Resectr™	
0UB98ZX	Excision of Uterus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UDBSZX	Extraction of Endometrium, Via Natural or Artificial Opening Endoscopic, Diagnostic

Modifiers

Modifiers are helpful to describe clinical services that can be permissible for payment independent of the global surgery package. Always check with payers for guidance and correct usage of each modifier.

Modifier	Explanation
59	Distinct Procedural Service
22	Unusual Procedural Services
52	Reduced Service
53	Discontinued Procedure

[*https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files)

Revenue Codes

Providers filing to payers on UB-04 claim forms may show itemization of some charges with revenue codes. All codes are prefaced with a zero(0).

Revenue Code	Explanation
0360	Operating Room Services
0470	Ambulatory Surgical Care
0710	Recovery Room
0278	Other Implants

**Reference for revenue code 0278:*
<https://www.govinfo.gov/content/pkg/FR-2009-11-20/html/E9-26499.htm>

Ordering information

You may contact your Minerva sales representative or place your order directly:
Call: 855-646-7874 **Fax:** 866-465-2875 **Email:** customerservice@minervasurgical.com

Catalog Number	Description
Minerva ES®	
MIN3PAK	Minerva Handpiece (3 Pack)
MIN9770	Minerva Handpiece (Single)
MIN180S	Minerva RF Controller
MINARGC	Minerva Argon Canister (5 Pack)
MINCO2C	Minerva CO2 Canister (5 Pack)
Genesys HTA®	
M006580211	Genesys HTA ProCerva Procedure Set (5 Pack)
M006580210	Genesys HTA ProCerva Procedure Set (Single)
M006580010	Genesys HTA Control Unit
M006580040	Genesys HTA Pedestal & IV Pole
M006550310	Genesys HTA Storz Hysteroscope Adapter
M006550340	Genesys HTA Wolf Hysteroscope Adapter
M006550350	Genesys HTA ACMI-Circon Hysteroscope Adapter
M006550360	Genesys HTA Olympus Hysteroscope Adapter
Symphion®	
FG-0201	Symphion RD - 3.6mm Resecting Device
FG-0202	Symphion FMA - Fluid Management Accessory
FG-0703	Symphion 6.3mm Hysteroscope
FG-0612	Symphion Controller
FG-0656	Symphion Footswitch
Resectr™	
M0065907051	Resectr 5FR
M0065907041	Resectr 9FR

We are The Uterine Health Company

Minerva designs and manufactures minimally invasive, technologically advanced devices for the modern treatment of Abnormal Uterine Bleeding (AUB). These devices treat the most common root causes of AUB while preserving the uterus.



To learn more about Minerva's uterine health products, including indications, safety and warnings, please refer to the user manual or

www.MinervaSurgical.com/resource-library/

Disclaimer: The coding and reimbursement information and data provided by Minerva Surgical is presented for informational purposes only and is accurate as of its date of publication. It is the provider's responsibility to report the codes that accurately describe the products and services furnished to individual patients. Reimbursement is dynamic. Laws and regulations regarding reimbursement change frequently and providers are solely responsible for all decisions related to coding and billing including determining, if and under what circumstances, it is appropriate to seek reimbursement for products and services and obtaining pre-authorization, if necessary. For these reasons, providers are advised to contact Medicare and/or specific payers if they have any questions regarding billing, coverage and payment. Likewise, providers should contact a medical specialty society or the AMA for coding clarification. Providers should check the complete and current HCPCS and/or CPT manual to see and consider all possible HCPCS and/or CPT codes. Minerva Surgical makes no representation or warranty regarding this information or its completeness or accuracy and will bear no responsibility for the results or consequences of the use of this information. Minerva Surgical does not promote the use of its products outside their FDA approved label.

Please note that Medicare reimbursement varies according to the geographical area in which the services are provided and other applicable adjustments. Actual payments may therefore vary. For this reason, the national averages are used in this guide.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. The physician using the system must have sufficient and adequate experience in performing procedures in the uterine cavity, such as IUD insertion or dilation and curettage (D&C), and diagnostic hysteroscopy. Prior to use, please see the complete Instructions for Use for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions.



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