

2023 GYNECOLOGIC CODING AND REIMBURSEMENT GUIDE

Effective January, 2023



minerva^{ES}[®]
Endometrial Ablation System

SYMPHION[®]
Operative Hysteroscopy 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 ES® 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 most common side effects of endometrial ablation occur during or immediately following the procedure and include uterine cramping, vaginal discharge, bleeding or spotting, nausea and/or vomiting, fatigue, abdominal pain. As with all endometrial ablation procedures, serious injury or death can occur.



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. The most common side effects include pain, cramping, nausea, vomiting, bleeding, infection, laceration, endometritis, thermal injury to adjacent tissue including cervix, vagina, vulva, and/or perineum; hemorrhage; perforation of uterus. As with all endometrial ablation procedures, serious injury or death can occur.

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



The Symphion® System is intended to distend the uterus by filling it with saline to facilitate viewing with a hysteroscope during diagnostic and operative hysteroscopy and provide fluid management through the closed loop recirculation of filtered distension fluid. It is also intended for resection and coagulation of uterine tissue such as intrauterine polyps and myomas using a bipolar resecting device.



Resectr™ is a single-use, non-powered, hand-held, and hand-manipulated manual surgical instruments intended to be used in various hysteroscopic surgical procedures to dissect, resect, and / or remove tissue.

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Place of Service Codes

Do you regularly include 'Place of Service' codes?

Place of Service Codes (POS) are two-digit codes placed on professional (profee) billing claims for physicians, and certified health care provides to indicate the setting in which a service was provided. POS information is often needed to determine the acceptability of direct billing of Medicare, Medicaid and private insurance services provided by a given provider. POS codes are not reported on facility side claims. Check with individual payers (e.g., Medicare, Medicaid, other private insurance) for reimbursement policies regarding these codes.

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

The 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 work, 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 physician’s 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 there and the physician must be reimbursed for those costs. RVUs and payments are usually lower in the Facility setting because the facility is able to spread out or share costs incurred for equipment, personnel and the health center site.

N/A 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	28.39	\$962	6.96	\$236
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	64.45	\$2,184	7.33	\$248
Genesys HTA®					
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	64.45	\$2,184	7.33	\$248
Symphion®					
58555	Hysteroscopy, diagnostic (separate procedure)	10.97	\$372	4.51	\$153
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	40.50	\$1,372	6.89	\$233
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	N/A	N/A	8.45	\$286
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	N/A	N/A	9.31	\$315
58561	Hysteroscopy, surgical; with removal of leiomyomata	N/A	N/A	10.65	\$361
Resectr™					
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	40.50	\$1,372	6.89	\$233

*Addendum B – Relative Value Units and Related Information Used in CY 2023 Final Rule. CY 2023 PFS Final Rule Addenda - Updated 01/12/2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1770-f>

Reimbursement: Ambulatory Surgery Centers (ASCs)

An Ambulatory Surgery Center (ASC) is a standalone facility. It is an independent surgical site, financially and administratively. The surgical complexity of a procedure performed 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.

For Medicare, with a few exceptions, the ASC payment for the procedure code is considered complete. In general, separate payment is not made for implanted devices. Instead, payment for implants used in the procedure is included in the payment for the procedure. However, private payers may have carve-outs of implants.

CPT Code	Description	Mult Proc Discounting?	Payment Indicator	Relative Weight	Base Payment
Minerva ES®					
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Y	A2	38.72	\$2,008
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electro-surgical ablation, thermoablation)	Y	A2	38.72	\$2,008
Genesys HTA®					
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electro-surgical ablation, thermoablation)	Y	A2	38.72	\$2,008
Symphion®					
58555	Hysteroscopy, diagnostic (separate procedure)	Y	A2	27.73	\$1,438
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Y	A2	27.73	\$1,438
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	Y	A2	38.72	\$2,008
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	Y	A2	38.72	\$2,008
58561	Hysteroscopy, surgical; with removal of leiomyomata	Y	A2	38.72	\$2,008
Resectr™					
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Y	A2	27.73	\$1,438

*Addendum AA-EE -- Final ASC Covered Surgical Procedures for CY 2023 <https://www.cms.gov/license/ama?file=/ascpayment/downloads/CMS-1589-FC-ASC-addenda-FN13.zip>

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.

For Medicare, with a few exceptions, the APC payment for the procedure code is considered complete. In general, separate payment is not made for Implanted devices. Instead, payment for implants used in the procedure is included in the payment for the procedure. However, private payers may have carve outs for implants.

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	54.158	\$4,635
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	5415	Level 5 Gynecologic Procedures	J1	54.158	\$4,635
Genesys HTA®						
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	5415	Level 5 Gynecologic Procedures	J1	54.158	\$4,635
Symphion®						
58555	Hysteroscopy, diagnostic (separate procedure)	5414	Level 4 Gynecologic Procedures	J1	33.037	\$2,827
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	5414	Level 4 Gynecologic Procedures	J1	33.037	\$2,827
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	5415	Level 5 Gynecologic Procedures	J1	54.158	\$4,635
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	5415	Level 5 Gynecologic Procedures	J1	54.158	\$4,635
58561	Hysteroscopy, surgical; with removal of leiomyomata	5415	Level 5 Gynecologic Procedures	J1	54.158	\$4,635
Resectr™						
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	5414	Level 4 Gynecologic Procedures	J1	33.037	\$2,827

*Addendum A.-OPPS APCs for CY 2023. Addendum B.-OPPS Payment by HCPCS Code for CY 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1772-fc>

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.

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>

"In the FY 2009 IPPS final rule (73 FR 48458 through 48467), we explained in detail the reasoning behind the development of the cost center split and our decision to ultimately have hospitals use the American Hospital Association's National Uniform Billing Committee (NUBC) revenue codes to determine what would be reported in the "Medical Supplies Charged to Patients" and the "Implantable Devices Charged to Patients" cost centers. In that discussion, we noted that while we require that the device broadly be considered implantable to have its costs and charges included in the new "Implantable Devices Charged to Patients" cost center, our final policy did not require the device to remain in the patient at discharge (73 FR 48462 through 48463). We typically do not specify a revenue code-to-cost center crosswalk that hospitals must adopt to prepare their cost report, recognizing hospitals' need to interpret the NUBC definitions and cost reporting requirements within the context of their own financial systems. In response to comments on our proposal to create the new cost center in the FY 2009 IPPS final rule, we did define the new "Implantable Devices Charged to Patients" cost center by the revenue codes that we believe would map to this cost center to facilitate ease of reporting by hospitals."

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 ES Handpiece (3 Pack)
MIN9770	Minerva ES Handpiece (Single)
MIN180S	Minerva ES RF Controller
MINARGC	Minerva ES Argon Canister (5 Pack)
MINCO2C	Minerva ES CO ₂ 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 Scope Adapter, Storz
M006550340	Genesys HTA Scope Adapter, Wolf
M006550350	Genesys HTA Scope Adapter, ACMI
M006550360	Genesys HTA Scope Adapter, Olympus
Symphion®	
FG-0201	Symphion 3.6mm Resecting Device
FG-0202	Symphion Fluid Management Accessories
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.



For Indications and a complete list of contraindications, potential adverse events, warnings and precautions, visit

www.MinervaSurgical.com/safety

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 off-label use of its products.

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 systems/devices 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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