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2024 Billing and Coding Guide

Gynecology surgery and TruClear™ hysteroscopic tissue removal system

This guide is intended to aid providers in appropriate procedure coding for gynecological surgery and procedures associated with the TruClear™ hysteroscopic tissue removal system. The document reflects applicable and commonly billed procedure codes as well as the unadjusted national Medicare average rates assigned to the CPT®[1] code. This document is not all-inclusive, nor does it replace advice from your coding and compliance departments and/or CPT®[1] coding manuals.

HCPCS[2] II Codes

Level II HCPCS[2] codes are primarily used to report supplies, drugs and implants that are not reported by a CPT®[1] code. HCPCS codes are reported by the physician, hospital or DME provider that purchased the item, device, or supply. Different payers have different payment methods for these items.

HCPCS II S-codes cannot be reported to Medicare. They are used only by non-Medicare payers, which cover and price them according to their own policies and provider contracts.

Medicare provides C-codes, a type of HCPCS II code, for hospital use in billing Medicare for some medical devices and supplies in the hospital outpatient setting. Medtronic has a tool specifically designed to access applicable commonly used C-codes as it relates to Medtronic products. The C-code finder can be accessed at www.medtronic.com/c-code or by clicking the C-code finder button.

HCPCS[2] code	Description
A4649	Surgical supply; miscellaneous
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

Procedure reimbursement

		Physician[3]				Hospital Outpatient[4]			Ambulatory Surgery[4]	
CPT®[1] code	**Description**	**Global days**	**Work RVU**	**Office Rate**	**Facility Rate**	**APC**	**SI**	**Rate**	**PI**	**Rate**
Hysterectomy										
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	090	17.31	NA	$1,003			Inpatient only		
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tubes(s), with or without removal of ovary(s)	090	16.60	NA	$948			Inpatient only		
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	090	23.10	NA	$1,329			Inpatient only		
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	090	30.91	NA	$1,795			Inpatient only		
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	090	49.33	NA	$2,877			Inpatient only		
58260	Vaginal hysterectomy, for uterus 250 g or less	090	14.15	NA	$829	5415	J1	$4,739†	G2	$2,136
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	090	15.94	NA	$916	5415	J1	$4,739†	G2	$2,136
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	090	17.23	NA	$981	5415	J1	$4,739†	NA	NA
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	090	15.30	NA	$882	5415	J1	$4,739†	NA	NA
58275	Vaginal hysterectomy, with total or partial vaginectomy	090	17.03	NA	$978			Inpatient only		
58285	Vaginal hysterectomy, radical (Schauta type operation)	090	23.38	NA	$1,405			Inpatient only		

Please refer to page 5 for footnotes

Procedure reimbursement

		Physician[3]				Hospital Outpatient[4]			Ambulatory Surgery[4]	
CPT®[1] code	**Description**	**Global days**	**Work RVU**	**Office rate**	**Facility rate**	**APC**	**SI**	**Rate**	**PI**	**Rate**
Hysterectomy, continued										
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	090	22.06	NA	$1,225	5415	J1	$4,739†	NA	NA
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	090	12.29	NA	$722	5362	J1	$9,808†	G2	$4,541
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	090	14.16	NA	$819	5362	J1	$9,808†	G2	$4,541
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	090	15.60	NA	$894	5362	J1	$9,808†	G2	$4,541
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	090	31.63	NA	$1,857	Inpatient only				
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less	090	15.10	NA	$871	5361	J1	$5,498†	A2	$2,705
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	090	16.91	NA	$967	5362	J1	$9,808†	G2	$4,541
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	090	23.11	NA	$1,286	5362	J1	$9,808†	G2	$4,541
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	090	15.00	NA	$898	5362	J1	$9,808†	G2	$4,541
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	090	17.71	NA	$1,001	5362	J1	$9,808†	G2	$4,541
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	090	20.79	NA	$1,202	5362	J1	$9,808†	G2	$4,541

Please refer to page 5 for footnotes

Procedure reimbursement

		Physician[3]				Hospital Outpatient[4]			Ambulatory Surgery[4]	
CPT®[1] code	**Description**	**Global days**	**Work RVU**	**Office rate**	**Facility rate**	**APC**	**SI**	**Rate**	**PI**	**Rate**
Myomectomy										
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	090	15.55	NA	$890	5361	J1	$5,498†	A2	$2,705
TruClear™ hysteroscopic tissue removal system										
58555	Hysteroscopy, diagnostic (separate procedure)	000	2.65	$355	$148	5414	J1	$2,979†	A2	$1,586
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	000	4.17	$1,295	$227	5414	J1	$2,979†	A2	$1,586
58561	Hysteroscopy, surgical; with removal of leiomyomata	000	6.60	NA	$350	5415	J1	$4,739†	A2	$2,136
59812	Treatment of incomplete abortion, any trimester, completed surgically	090	4.44	$361	$306	5414	J1	$2,979†	A2	$1,586
59820	Treatment of missed abortion, completed surgically; first trimester	090	4.84	$438	$385	5414	J1	$2,979†	A2	$1,586
Oophorectomy										
58940	Oophorectomy, partial or total, unilateral or bilateral	090	8.22	NA	$550			Inpatient only		
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	090	19.52	NA	$1,186			Inpatient only		
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	090	34.13	NA	$1,974			Inpatient only		

Please refer to page 5 for footnotes

Procedure reimbursement

		Physician[3]				Hospital Outpatient[4]			Ambulatory Surgery[4]	
CPT®1 code	Description	Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
Oophorectomy, continued										
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	090	37.13	NA	$2,136	Inpatient only				
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	090	22.80	NA	$1,343	Inpatient only				
Tubal ligation										
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	090	5.28	NA	$334	Inpatient only				
58611	Ligation of transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	ZZZ	1.45	NA	$74	Inpatient only				
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	010	3.94	NA	$251	5414	J1	$2,979†	G2	$1,586
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	090	5.91	NA	$368	5361	J1	$5,498†	A2	$2,705
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	090	5.91	NA	$368	5361	J1	$5,498†	A2	$2,705

Footnotes

NA Indicates that there is no established Medicare allowable in this site of care
SI Indicates Status Indicator
PI Indicates Payment Indicator
\+ Add-on codes are always listed in addition to the primary procedure code
† Comprehensive APCs (C-APCs)
¶ Device intensive
§ Packaged Payment
RVU Indicates Relative Value Unit

Hospital inpatient coding

ICD-10-PCS[5] procedure codes are used by hospitals to report surgeries and procedures performed in the inpatient setting. Below are commonly used ICD-10-PCS procedure codes, however codes listed below are not exhaustive as other codes may apply.

ICD-10-PCS[5]	Description
Supracervical or subtotal hysterectomy (excision of uterus without cervix)	
0UT90ZL	Resection of Uterus, Supracervical, Open Approach
0UT94ZL	Resection of Uterus, Supracervical, Percutaneous Endoscopic Approach
Total abdominal hysterectomy, open (TAH)	
0UT90ZZ	Resection of Uterus, Open Approach
0UTC0ZZ	Resection of Cervix, Open Approach
Total hysterectomy, laparoscopic (LVH)	
0UT94ZZ	Resection of Uterus, Percutaneous Endoscopic Approach
0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach
Total vaginal hysterectomy (TVH)	
0UT97ZZ	Resection of Uterus, Via Natural or Artificial Opening
0UTC7ZZ	Resection of Cervix, Via Natural or Artificial Opening
Laparoscopically assisted vaginal hysterectomy (LAVH)	
0UT9FZZ	Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
0UTC7ZZ	Resection of Cervix, Via Natural or Artificial Opening
Myomectomy	
0UB90ZZ	Excision of Uterus, Open Approach
0UB94ZZ	Excision of Uterus, Percutaneous Endoscopic Approach

Hospital inpatient coding

ICD-10-PCS[5]	Description
Complete oophorectomy	
0UT00ZZ	Resection of Right Ovary, Open Approach
0UT04ZZ	Resection of Right Ovary, Percutaneous Endoscopic Approach
0UT10ZZ	Resection of Left Ovary, Open Approach
0UT14ZZ	Resection of Left Ovary, Percutaneous Endoscopic Approach
0UT20ZZ	Resection of Bilateral Ovaries, Open Approach
0UT24ZZ	Resection of Bilateral Ovaries, Percutaneous Endoscopic Approach
Complete salpingectomy	
0UT50ZZ	Resection of Right Fallopian Tube, Open Approach
0UT54ZZ	Resection of Right Fallopian Tube, Percutaneous Endoscopic Approach
0UT60ZZ	Resection of Left Fallopian Tube, Open Approach
0UT64ZZ	Resection of Left Fallopian Tube, Percutaneous Endoscopic Approach
0UT70ZZ	Resection of Bilateral Fallopian Tubes, Open Approach
0UT74ZZ	Resection of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
Tubal ligation	
0U570ZZ	Destruction of Bilateral Fallopian Tubes, Open Approach
0U574ZZ	Destruction of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0UB70ZZ	Excision of Bilateral Fallopian Tubes, Open Approach
0UB74ZZ	Excision of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0UL70ZZ	Occlusion of Bilateral Fallopian Tubes, Open Approach
0UL74ZZ	Occlusion of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach

Hospital inpatient Medicare reimbursement

Under Medicare's MS-DRG[6] methodology for hospital inpatient payment, each inpatient stay is assigned to one of about 750 diagnosis-related groups, based on the ICD-10 codes assigned to the diagnoses and procedures. Each MS-DRG[6] has a relative weight that is then converted to a flat payment amount. Only one MS-DRG[6] is assigned for each inpatient stay, regardless of the number of procedures performed.

The DRGs below are typically assigned for procedures related to gynecological surgery

MS-DRG[6]	Description	Rate
Hysterectomy		
734	Pelvic Evisceration, Radical Hysterectomy and Radical Vulvectomy W CC/MCC	$15,219
735	Pelvic Evisceration, Radical Hysterectomy and Radical Vulvectomy W/O CC/MCC	$8,823
736	Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy W MCC	$27,217
737	Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy W CC	$13,820
738	Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy W/O CC/MCC	$9,554
739	Uterine and Adnexa Procedures for Non-Ovarian and Non-Adnexal Malignancy W MCC	$25,320
740	Uterine and Adnexa Procedures for Non-Ovarian and Non-Adnexal Malignancy W CC	$12,512
741	Uterine and Adnexa Procedures for Non-Ovarian and Non-Adnexal Malignancy W/O MCC/CC	$9,097
742	Uterine and Adnexa Procedures for Non-Malignancy W CC/MCC	$12,476
743	Uterine and Adnexa Procedures for Non-Malignancy W/O CC/MCC	$8,136
Myomectomy		
742	Uterine and Adnexa Procedures for Non-Malignancy W CC/MCC	$12,362
743	Uterine and Adnexa Procedures for Non-Malignancy W/O CC/MCC	$8,136
Oophorectomy and salpingectomy		
736	Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy W MCC	$27,217
737	Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy W CC	$13,820
738	Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy W/O CC/MCC	$9,554
739	Uterine and Adnexa Procedures for Non-Ovarian and Non-Adnexal Malignancy W MCC	$25,320
740	Uterine and Adnexa Procedures for Non-Ovarian and Non-Adnexal Malignancy W CC	$12,512
741	Uterine and Adnexa Procedures for Non-Ovarian and Non-Adnexal Malignancy W/O CC/MCC	$9,097
742	Uterine and Adnexa Procedures for Non-Malignancy W CC/MCC	$12,476
743	Uterine and Adnexa Procedures for Non-Malignancy W/O CC/MCC	$8,136
Tubal ligation		
744	D&C, Conization, Laparoscopy and Tubal Interpretation W CC/MCC	$13,180
745	D&C, Conization, Laparoscopy and Tubal Interpretation W/O CC/MCC	$7,253

MCC: Major Complications and/or Comorbidities **CC: Complications and/or Comorbidities**

References

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Resources

Medtronic Reimbursement Support is available to assist you with your coding and reimbursement questions. If your coding or reimbursement questions were not answered in this guide, please check out these additional resources:

Visit our website: https://www.medtronic.com/covidien/en-us/support/reimbursement.html

Email us: rs.MedtronicMedicalSurgicalReimbursement@medtronic.com

C-code Finder

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