

Global Services: Physician Office Setting

Hysteroscopy with Endometrial Ablation			
CPT® Code	Description	RVU ¹	National Average Medicare Rate ¹
58563*	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	52.90	\$2,014.80

*Hysteroscopy is not required with the NovaSure System.

Modifier Information ²		
Modifier	Description	Explanation
-52	Reduced Services	Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's direction. Under these circumstances the service provider can be identified by its usual procedure code and the addition of modifier 52, signifying the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. The modifier is not used to report the elective cancellation of a procedure.

Place of Service ³ CMS-1500 Claim Form: Field 24B		
Place of Service Code	Place of Service Name	Place of Service Description
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.

1. Physician relative value units (RVUs) are based on the Medicare 2008 Physician Fee Schedule Final rule published in the Federal Register, November 27, 2007. 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 2008 conversion factor is \$38.087. 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.

2. 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.

3. Place of service codes listed in CPT® 2007, Current Procedural Terminology, Professional Edition, 2006 American Medical Association.

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Physician Service: Outpatient Hospital/Ambulatory Surgery Center Setting

Hysteroscopy with Endometrial Ablation			
CPT® Code	Description	RVU¹	National Average Medicare Rate¹
58563*	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	8.56	\$326.02

*Hysteroscopy is not required with the NovaSure System.

Modifier Information²		
Modifier	Description	Explanation
-52	Reduced Services	Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's direction. Under these circumstances the service provider can be identified by its usual procedure code and the addition of modifier 52, signifying the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. The modifier is not used to report the elective cancellation of a procedure.

Place of Service³ CMS-1500 Claim Form: Field 24B		
Place of Service Code	Place of Service Name	Place of Service Description
22	Outpatient Hospital	A portion of a hospital that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.