

Facility Services: Outpatient Hospital/Ambulatory Surgery Center Setting

Facility Settings

Outpatient Hospital			
CPT® Code	Description	APC¹ Category	National Average Medicare Rate¹
58563*	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	0387	\$2178.64

*Hysteroscopy is not required with the NovaSure® system

Ambulatory Surgery Center			
CPT® Code	Description	APC¹ Category	National Average Medicare Rate¹
58563*	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	0387	\$1358

*Hysteroscopy is not required with the NovaSure® system

Modifier Information²		
Modifier	Description	Explanation
-73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia	Due to extenuating circumstances or those that threaten the well being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block[s] or general). Under these circumstances, the intended service that is prepared for but canceled can be reported by its usual procedure code and the addition of the modifier 73. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported.
-74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia	Due to extenuating circumstances or those that threaten the well being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block[s], general), or after the procedure was started (incision made, intubation started, scope inserted, etc.). Under these circumstances, the procedure started but terminated can be reported by its usual procedure code and the addition of modifier 74. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported.

If billing facility services on a UB-92 claim form, it may be necessary to report applicable revenue codes as they correspond to the hospital chargemaster.

1. 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 November 27, 2007.

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

Current Procedural Terminology (CPT) is copyright 2006 American Medical Association. All Rights Reserved. CPT® is a trademark of the AMA. No fee schedules, basic units, relative or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply for Government Use.

Hologic Inc., provides this coding guide for informational purposes only. This guide is not an affirmative instruction as to which CPT®/HCPCS codes and modifiers to use for a particular service, supply, procedure or treatment. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating physician and/or facility. Contact your local carrier and payer organizations for specific coding guidelines. Hologic cannot guarantee medical benefit coverage or reimbursement with the codes listed in this guide. Any payment rates listed are Medicare averages that may be subject to change without notice. Reimbursement may differ based on geographic regional variance and/or policies and fee schedules outlined as terms in your health plan, payer and/or carrier contracts.