

2024 Coding Guide

For More Information

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The Endosee System is used to permit viewing of the adult cervical canal and uterine cavity for the purpose of performing diagnostic and therapeutic procedures.



What code is reported for a diagnostic hysteroscopy?

58555 Hysteroscopy, diagnostic (separate procedure)

CPT Code 58555	2024 Medicare Unadjusted National Payment: Physician Fee Schedule
Facility	\$151
Work RVU	2.65
PE RVU	1.44
Malpractice RVU	0.44
Total RVU	4.53
Non Facility (Office)	\$361
Work RVU	2.65
PE RVU	7.75
Malpractice RVU	0.44
Total RVU	10.84

What code is reported for a surgical hysteroscopy?

58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C

CPT Code 58558	2024 Medicare Unadjusted National Payment: Physician Fee Schedule
Facility	\$230
Work RVU	4.17
PE RVU	2.04
Malpractice RVU	0.71
Total RVU	6.92
Non Facility (Office)	\$1,317
Work RVU	4.17
PE RVU	34.67
Malpractice RVU	0.71
Total RVU	39.55

58562 Hysteroscopy, surgical; with removal of impacted foreign body

CPT Code 58562	2024 Medicare Unadjusted National Payment: Physician Fee Schedule
Facility	\$221
Work RVU	4.00
PE RVU	1.95
Malpractice RVU	0.68
Total RVU	6.63
Non Facility (Office)	\$431
Work RVU	4.00
PE RVU	8.28
Malpractice RVU	0.68
Total RVU	12.96

Can 58555 (diagnostic hysteroscopy) and 58558 (surgical hysteroscopy with endometrial sampling, etc.) be reported on the same day?

No, National Correct Coding Institute (NCCI) guidance restrict these two codes from being reported by the same provider on the same day to same patient. The diagnostic hysteroscopy (58555) is included within the surgical hysteroscopy (58558).

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If a diagnostic hysteroscopy is performed followed by a procedure such as sampling (biopsy) of endometrium and/or polypectomy, with or without D & C, without a scope, what code is reported?

According to CPT Assistant (2003), code 58558 may be reported when a procedure is performed without a scope following a diagnostic hysteroscopy. Providers are encouraged to check with their payers for guidance on appropriate coding.

Can 58555 be reported with code 58100 (biopsy of uterus lining) on the same day during the same session?

No, both of these codes are identified as “separate procedure” codes; a “separate procedure” should not be reported separately when performed along with another procedure in an anatomically related region, often through the same skin incision, orifice, or surgical approach.

Can 58558 (surgical hysteroscopy with endometrial sampling, etc.) be reported for removal of an Intrauterine Device (IUD) that may be impacted?

No, CPT code 58562 Hysteroscopy, surgical, with removal of impacted foreign body is used to report an impacted IUD. Providers are encouraged to check with their payers.

Is there a global period of “0” days, “10” days or “90” days for 58555 or 58558?

Both codes have “0” day global periods.

Does private insurance or Medicare reimburse for an office-based diagnostic hysteroscopy or surgical hysteroscopy with endometrial sampling?

Payer coverage varies by payer and benefit plan. In general, though, third-party payers require that services fall within a covered benefit category, be medically necessary for the diagnosis and/or treatment of the patient (as evidenced by the patient’s medical record), and not otherwise excluded from coverage before providing coverage.

Private insurance contractual agreements for office-based procedures may vary. The patient’s specific “type of plan” will determine benefits/coverage. Coverage should be verified for each patient; the CPT code and the site of service should be provided for verification. It is important to determine if any limitations apply to the procedure code when performed in the physician office setting. A prior authorization or pre-certification may be required by some plans.

Does insurance apply a co-pay, co-insurance, or a deductible to these office-based procedures?

The patient’s financial responsibility will vary by payer and benefit plan. Providers should check with each plan to verify.

Sources:
2024 AMA CPT Professional Edition
2024 National Physician Fee Schedule Relative Value File CY 2024 Final Rule March 8, 2024
Medicare - National Correct Coding Policy Manual, Physician Effective January 1, 2024
2024 ICD-10-CM The Complete Official Code Set, Optum 360
Endosee 510K K190639 FDA Document

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Examples of ICD-10-CM Diagnosis Codes*

Diagnosis Codes	Description
D25.0	Submucous leiomyoma of uterus
N84.0	Polyp of corpus uteri
N84.1	Polyp of cervix uteri
N85.00	Endometrial hyperplasia, unspecified
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
N94.4	Primary dysmenorrhea
N94.9	Unspecified condition associated with female genital organs and menstrual cycle
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N95.0	Postmenopausal bleeding
N97.2	Female infertility of uterine origin

*For a complete list of ICD-10-CM diagnosis codes, please consult the 2024 ICD-10-CM codebook.

CooperSurgical is not suggesting that the above CPT codes will be covered if you use these ICD codes.

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