



HYSTEROSCOPY

2022 CODING & REIMBURSEMENT INFORMATION

Global & Physician Professional Payment

CPT/HCPCS	Description	Site	Total RVUs	2022 National Average Medicare Rate
58555	Hysteroscopy, diagnostic (separate procedure)	Office (Global)	11.1	\$ 384.13
		Facility (Professional)	4.44	\$ 153.65
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Office (Global)	41.57	\$ 1,438.58
		Facility (Professional)	6.8	\$ 235.32
58559	Hysteroscopy; surgical; with lysis of intrauterine adhesions (any method)	Office (Global)	8.4	N/A
		Facility (Professional)	8.4	\$ 290.69
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	Office (Global)	9.23	N/A
		Facility (Professional)	9.23	\$ 319.42
58561	Hysteroscopy, surgical; with removal of leiomyomata	Office (Global)	10.55	N/A
		Facility (Professional)	10.55	\$ 365.10
58562	Hysteroscopy, surgical; with removal of impacted foreign body	Office (Global)	13.19	\$ 456.46
		Facility (Professional)	6.53	\$ 225.98
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Office (Global)	66.34	\$ 2,295.78
		Facility (Professional)	7.25	\$ 250.90
Additional Procedural Code				
58301	Removal of intrauterine device (IUD)	Office (Global)	3.32	\$ 114.89
		Facility (Professional)	1.96	\$ 67.83

The data contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by Richard Wolf Medical Instruments Corporation as to its completeness or accuracy, or levels of reimbursement, payment or charge, or even that reimbursement will be made. This information is not intended to maximize or increase reimbursement by any payer. It is the provider's responsibility to determine coverage and medical necessity, and to report the codes that accurately describe the products and services provided to patients. Therefore, providers are advised to contact Medicare or other payer for any questions regarding billing, coverage and reimbursement.

Facility Payment

CPT/HCPCS	Description	Site	National Average Medicare Rate
58555	Hysteroscopy, diagnostic (separate procedure)	Hospital	\$ 2,679.56
		ASC	\$ 1,329.40
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Hospital	\$ 2,679.56
		ASC	\$ 1,329.40
58559	Hysteroscopy; surgical; with lysis of intrauterine adhesions (any method)	Hospital	\$ 4,503.49
		ASC	\$ 1,908.74
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	Hospital	\$ 4,503.49
		ASC	\$ 1,908.74
58561	Hysteroscopy, surgical; with removal of leiomyomata	Hospital	\$ 4,503.49
		ASC	\$ 1,908.74
58562	Hysteroscopy, surgical; with removal of impacted foreign body	Hospital	\$ 2,679.56
		ASC	\$ 1,329.40
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Hospital	\$ 4,503.49
		ASC	\$ 1,908.74
Additional Procedural Code			
58301	Removal of intrauterine device (IUD)	Hospital	\$ 288.04
		ASC	\$ 64.02

The data contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by Richard Wolf Medical Instruments Corporation as to its completeness or accuracy, or levels of reimbursement, payment or charge, or even that reimbursement will be made. This information is not intended to maximize or increase reimbursement by any payer. It is the provider's responsibility to determine coverage and medical necessity, and to report the codes that accurately describe the products and services provided to patients. Therefore, providers are advised to contact Medicare or other payer for any questions regarding billing, coverage and reimbursement.