

## 2020 Physician Billing Guide

CPT CODE 58674 Effective January 1, 2020

Fibroids are tumors of the smooth muscle that are normally found in the wall of the uterus. They can develop within the uterine wall itself or attach to it. They may grow as a single tumor or in clusters. Uterine fibroids can cause excessive menstrual bleeding, pelvic pain, and frequent urination.

The Acessa procedure is a minimally invasive outpatient procedure that involves assessment of uterine pathology with a laparoscopic ultrasound probe which is inserted through a trocar. Once the fibroids are identified and mapped, a radiofrequency (RF) handpiece with a deployable electrode array is inserted into each fibroid under direct laparoscopic visualization. The array is deployed to fit the size of the targeted fibroid. Correct deployment of the array is verified ultrasonically. RF energy is applied to destroy the fibroid tissue.

## REPORTING SERVICES: CPT CODING

The American Medical Association (AMA) established a new CPT code specifically for laparoscopic radiofrequency (RF) ablation of uterine fibroids, including intraoperative ultrasound. Ultimately, the physician is always responsible for accurate billing and coding of all healthcare services provided. Private carriers may individually establish RVUs and payment amounts for 58674.

### REIMBURSEMENT ASSISTANCE

The Acessa Patient Support progam is prepared to assist patients and their providers throughout the reimbursement process for the Acessa procedure. For further information and/or assistance, please call or e-mail:

Phone: (866) 473-4895

Email: insurance@acessahealth.com

#### REPORTING DIAGNOSES: ICD-10-CM

Based on the FDA Indications for Use — The Acessa ProVu System is indicated for use in percutaneous, laparoscopic coagulation and ablation of soft tissue, including treatment of symptomatic uterine fibroids under laparoscopic ultrasound guidance. The following are among the diagnosis codes that may be appropriate to consider when submitting claims for the Acessa procedure as a treatment for uterine fibroids. However, the ultimate responsibility for submitting diagnosis codes rests with the physician or hospital.

ICD-10-CM Codes	Description	
D25	Leiomyoma of uterus. Benign tumors or nodules of the uterus wall includes: uterine fibroid, uterine fibromyoma, and uterine myoma.	
D25.0	Submucous leiomyoma of uterus	
D25.1	Intramural leiomyoma of uterus (includes interstitial leiomyoma of uterus)	
D25.2	Subserous leiomyoma of uterus (includes subperitoneal leiomyoma of uterus)	

CPT Code	Description	RVUs
58674	Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	23.01



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LAPAROSCOPIC RF ABLATION — UTERINE FIBROIDS ASSIGNMENT | Effective January 1, 2020

#### REPORTING SERVICES & SUPPLIES

Acessa services are generally provided in an outpatient or ambulatory surgery centers (ASC) setting. The facility reports the physician-rendered services under the CPT Code, 58674. For 2020, CMS assigned the crosswalk of this procedure to ambulatory payment classification (APC) 5362 Level 2 Laparoscopy. Though included in the APC, facilities should continue to report the single-use supply items on the final claim forms. Please note that Medicare reimbursement varies according to the geographical area in which the services are provided and other applicable adjustments. Actual payments may therefore vary. For this reason, the national averages are used below.

Facility Services Reporting						
Opps Procedural Services						
APC5362		Level 2 Laparoscopy	CMS Outpatient AVG* \$8,413	CMS ASC AVG* \$3,589		
Possible HCPCS Supply Item Reporting						
Rev Code 271	(4	Surgical Supply Misc. Acessa Disposable Pads)	A4649 or E1399	Non-sterile Supply		
Rev Code 272	(Ace	Surgical Supply Misc. ssa Disposable Handpiece)	74043 31 El333	Sterile Supply		

<sup>\*</sup> CMS Medicare 2020 National Non-Adjusted Average Payment

It is a good business practice to pre-authorize intended healthcare services with commercial plans. A variety of information can be collected during this process: patient copay and deductible, exclusions of coverage, and requirements for authorization of services. Also, there may be unique terms in a contract calling for separate payments with certain supply items or other unique services. Facilities are reminded to include a full accounting of supplies when submitting claims for services.

#### **NEED ASSISTANCE?**

Do you and your patient need assistance with the reimbursement process for the Acessa procedure?

Call or Email:

**Phone:** (866) 473-4895 **Fax:** (877) 225-0643

Email: insurance@acessahealth.com

This document is for informational purposes only and is not legal advice or official guidance from payors. It is not intended to increase or maximize reimbursement by any payor. Hospitals and physicians are solely responsible for being in compliance with Medicare and other payor rules and requirements for the information submitted with all claims and appeals. Acessa Health does not warrant or guarantee that the use of this information will result in coverage or payment for any particular therapy. Before any claims or appeals are submitted, hospitals and physicians should review official payor instructions and requirements, should confirm the accuracy of their coding or billing practices with these payors and should use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient. ICD-10 codes and CPT codes and descriptions only are copyright [YEAR] by the American Medical Association. All rights reserved. The American Medical Association assumes no liability for data contained or not contained herein.

There are potential risks associated with the Acessa procedure. It may not be appropriate for all patients and all patients may not benefit. For information about the indications, risks, and safety information visit: www.acessaprocedure.com. Rx Only.