



2017 Physician Coding Fact Sheet

NEW CPT Code 58674

Effective January 1, 2017

A uterine fibroid is the most common benign (non-cancerous) tumor of a woman’s uterus. 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.¹

The Acessa™ Procedure is a minimally invasive, same-day treatment that involves assessment of uterine pathology with a laparoscopic ultrasound probe which is inserted through a trocar. Once all of 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. The fibroid resorbs through the process of coagulative necrosis.

Reporting Procedures: 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 program is prepared to assist providers throughout the reimbursement process for the Acessa Procedure. For further information and/or assistance, please call or e-mail:

Phone: (866) 209-9185
Email: help@acessasupport.com

Reporting Diagnoses: ICD-10-CM

Based on the FDA Indications for Use — The Acessa 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 ²	Descriptor
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)
D25.9	Leiomyoma of uterus, unspecified

CPT Code ³	Description	RVUs
58674	Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	23.23

The information contained in this Guide is provided for reference purposes only and does not constitute legal advice or recommendation of coding. It is always the provider’s responsibility to determine final code selections and submit appropriately completed claim forms reflective of healthcare services rendered. This Guide references 2017 Code files maintained by the Center for Medicare and Medicaid Services (CMS) and under copyright by the American Medical Association (AMA) necessary in the completion of claim filings. Providers are encouraged to contact each Payor directly regarding coverage and claim submission requirements.



2017 Facility Coding Fact Sheet

Laparoscopic RF Ablation – Uterine Fibroids Assignment

Effective January 1, 2017

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 2017, 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.

Facility Services Reporting			
OPPS PROCEDURAL SERVICES			
APC5362	Level 2 Laparoscopy	CMS OUTPATIENT AVG* \$6,966.89	CMS ASC AVG* \$4587.00
HCPCS SUPPLY ITEM REPORTING			
Rev Code 271	Surgical Supply Misc. (Acessa Disposable Pads)	A4649 or E1399	Non-sterile supply
Rev Code 272	Surgical Supply Misc. (Acessa Disposable Handpiece)		Sterile supply

* CMS Medicare 2017 National 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 need assistance with coding, pre-authorizations or appeals for the Acessa Procedure?

Call or email:

Phone: (866) 209-9185

Fax: (877) 225-0643

Email: help@acessasupport.com

References

1. http://www.emedicinehealth.com/uterine_fibroids/article_em.htm

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Coding, coverage and reimbursement information provided does not constitute legal advice and does not guarantee payment. Providers may contact the payer directly regarding reimbursement and/or billing questions.

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