# Hospital Coding Fact Sheet

## Uterine Fibroid Embolization

Effective January 1, 2013
for Hospital Outpatient Payment Rates

Effective October 1, 2012 for Hospital Inpatient Payment Rates

### Impact of Sequestration on Medicare Payments:

Per the Centers for Medicare and Medicaid Services, Medicare FFS claims with dates-of-service or dates-of-discharge on or after April 1, 2013, will incur a 2 percent reduction in Medicare payment. Claims for durable medical equipment (DME), prosthetics, orthotics, and supplies, including claims under the DME Competitive Bidding Program, will be reduced by 2 percent based upon whether the date-of-service, or the start date for rental equipment or multi-day supplies, is on or after April 1, 2013.

The claims payment adjustment shall be applied to all claims after determining coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.

This Fact Sheet provides coding and payment information for uterine fibroid embolization (UFE),a non-surgical and less invasive alternative forthe treatment of symptomatic fibroids. Uterinefibroids (leiomyomas) are common non-cancerous (benign) tumors of the uterus, which occur in 20-70% of women between the ages of 30 and 50.4 In the United States, there are approximately 400,000 new cases diagnosed each year.5 Uterine fibroids may cause heavy bleeding, pelvic discomfort, pain, pressure on other organs, infertility and urinary complications. The UFE procedure typically involves bilateral selective catheterization services from femoral access throug which embolic material is injected to occlude the blood flow to the fibroid(s), resulting in infarction and shrinkage of the fibroids. Intra-procedural angiography is used to map the procedure, guide the intervention, and perform post-procedure angiographic assessment.

## Reporting UFE procedures:

Physicians that code and report for UFE procedures should review and include all diagnosis codes (ICD-9 code), CPT procedure and HCPCS codes that accurately reflect the patient's condition, the procedures performed, and the products used during a UFE procedure. This needs to be consistent with the patient's insurance company's reimbursement requirements. The following codes are provided for consideration.

### ICD-9 Coding

The most common diagnosis codes for the UFE Procedure are as follows:

| **Primary ICD-9 Diagnosis Codes[3]:** | |
|---|---|
| 218.0 - 218.9 | Uterine leiomyoma |
| 617.0 | Adenomyosis |
| **Related ICD-9 codes[3]:** | |
| 593.3 | Stricture or kinking of ureter [with urinary symptoms referable to compression of the ureter or bladder] |
| 593.4 | Other ureteric obstruction [with urinary symptoms referable to compression of the ureter or bladder] |
| 625.0 | Dyspareunia |
| 625.8 - 625.9 | Other and unspecified symptoms associated with female genital organs [bulk-related pelvic pain, pressure or discomfort] |
| 626.2 | Excessive or frequent menstruation [menorrhagia] |
| 788.0 - 788.9 | Symptoms involving urinary system |

### Hospital Outpatient Coding

| CPT Code[1] | Description[1] | APC Code[2] | Status Indicator | OPPS Payment[2] |
|---|---|---|---|---|
| 99213 | Established Patient – Level III Office V isit | 0605 | V | $73.68 |
| 72197 | MRI, pelvis; without contrast material(s), followed by contrast material(s) and further sequences | 0337 | S | $549.47 |
| 37210 | Uterine fibroid embolization, percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intra-procedural roadmapping, and imaging guidance necessar y to complete the pr ocedure | 0229 | T | $8,656.82 |

### Ambulatory Surgical Center Payments

| HCPCS Code | Payment Indicator | Final CY 2013 Payment Rate |
|---|---|---|
| 72197 | Z2 | $308.32 |
| 37210 | G2 | $4,857.59 |

Office visit codes are not payable to an ASC.

## Medicare HCPCS Codes for Hospital Outpatient Claims

The C Series of HCPCS codes may include device categories that do not have other HCPCS codes assigned. Hospitals are encouraged to report all appropriate C codes regardless of payment status.

- **C1887** - Catheter, guiding (may include infusion/perfusion capability)
- **C1769** - Guidewire

## Medicare Hospital Inpatient Coding

Effective October 1, 2007, the Medicare Severity (MS) DRG system replaced the previous CMS-DRG system. The MS-DRG system divides some DRGs into levels based on patient severity of illness: 1) those with a Major Complication or Comorbidity (w/MCC), 2) those with a Complication or Comorbidity that is not considered to be major (w/CC), and 3) those without a Complication or Comorbidity of either type (w/o CC/MCC).

Thorough physician dictation and medical record documentation (including any secondary diagnoses) are essential to describing a complete patient profile for appropriate coding and DRG assignment.

Download the complete, final rule at: http://www.cms.hhs.gov/AcuteInpatientPPS/

A complete, updated CC and MCC list is posted on the CMS Web site at: http://www.cms.hhs.gov/AcuteInpatientPPS/ under downloads.

Hospitals submit inpatient claims to Medicare, Medicaid, and private insurers on the UB-04 billing form (also called the CMS-1450). The UB-04 displays ICD-9-CM diagnosis codes, (principal diagnosis and up to eight additional diagnoses), and ICD-9-CM procedure codes (principal procedure and up to five additional procedure codes) as well as other patient and billing information to describe the patient's stay and use of resources.

Each inpatient stay is assigned to one MS-DRG. Each MS-DRG is assigned a payment rate, and is adjusted according to the individual hospital's teaching status, disproportionate share services for treating low-income patients, and location in urban versus rural regions. Note that DRGs do not include payment for physician services, which are reported and reimbursed separately.

Other health insurers may reimburse hospitals for inpatient care using per diem rates, DRGs, case rates, or a percentage of charges. Your hospital's contracting department should know how your hospital's private insurance contracts are set up.

## Coverage Update

### Medicare:

The typical UFE patient is a premenopausal woman between 25 and 50 years of age. UFE is rarely performed on the Medicare (> age 65) population, therefore there is not a national or local coverage determination for UFE. Local Medicare carriers may cover on a case-by-case basis and it is suggested that you contact your local carrier prior for determination criteria.

### Non-Medicare:

Most Non-Medicare insurance plans now provide at least conditional coverage for Uterine Fibroid Embolization. Private payers typically determine coverage for procedures based on prior authorization. With UFE patients, unless you are aware of the payer's coverage policy for a specific patient population, we recommend that you contact the payer to seek prior authorization. If you ask about coverage after procedure, it may result in unpaid claims, leaving both the hospital and the physician without compensation. Be sure to allow sufficient time to obtain prior authorization.

**Important - Please Note:** Merit Medical Systems, Inc. gathers reimbursement information from third-party sources and presents this information for illustrative purposes only. This information does not constitute reimbursement or legal advice and does not guarantee that this information is accurate, complete, without errors, or that use of any of the codes provided will ensure coverage or payment at any particular level. Medicare may implement policies differently in various parts of the country. Physicians and hospitals should confirm with a particular payor or coding authority, such as the American Medical Association or medical specialty society, which codes or combinations of codes are appropriate for a particular procedure or combination of procedures. Reimbursement for a product or procedure can be different depending upon the setting in which the product is used. Coverage and payment policies also change over time and Merit Medical Systems, Inc. assumes no obligation to update the information provided herein.

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[2] Source: November 15, 2012 Federal Register. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1589-FC.html

[3] Source: The Educational Annotation of ICD-9-CM, Reno, NV; Channel Publishing Ltd. Copyright 2011 Craig D. Puckett, Fifth Edition

[4] Mude-Nochumson H, Goldberg J. Fertility-sparing treatment options for women with symptomatic fibroids. The Female Patient. 2003; 28(11):21-26.

[5] Hartmann KE, Birnbaun H, Ben-Hamadi R, et al. Annual Costs Associated with Diagnosis of Uterine Leiomyomata. Obstetrics and Gynecology, Vol. 108, No. 4, October 2006.

**Most insurance plans now provide at least conditional coverage for Uterine Fibroid Embolization. Below is a listing of insurance companies reportedly covering UFE.**

- AETNA U.S. HealthCare
- Aetna Medicare/Medicaid - NY
- Alliance Mega Life & Health (CT)
- AmeriHealth
- Anthem BCBS Ohio
- Kaiser Permanente
- Personal Choice - PA
- Personal Choice - NJ
- BCBS CA Managed Care
- BCBS Michigan
- BCBS Central NY
- BCBS Tennessee
- BCBS Texas
- BCBS Western
- Blue Cross - CA
- BCBS - DE
- BCBS - Federal
- BCBS - IL
- BCBS - MI
- BCBS - NJ
- BCBS - NY
- BCBS - OR
- BCBS - PA
- Blue Shield - California
- BCBS - PA
- ChampVA - Virginia
- CIGNA (plan dependent)
- Conrail Metro Health
- Corporate Health Administrators (ND)
- Empire BC/BCBS New York
- Empire Metro Life & Health (NY)
- Golden Rule (IL)
- Great West Care (NJ)
- Greater Atlantic/Qual-Med (will approve on case-by-case basis if patient is enrolled in a study)
- Guardian PHCS - PPO
- GW Health Plan [Virginia, Maryland, Washington, DC]
- Kaiser Permanente (OR)
- Keystone Health Plan East (PA)
- Keystone Mercy Health Plan
- LabCore Benefits (CA)
- Medical Service Bureau (Blue Shield) - Washington
- MAMSI (MDIPA; Optimum Choice; MAMSI; Alliance PPO)
- National Assoc. of Letter Carriers
- New York Now Care
- Oaktree
- Oxford Health Plans CT, NY, NJ
- Postmasters Benefit Plans
- Prudential (plan dependent)
- Screen Actors' Guild
- Travelers Oxford Liberty
- Vytra
- United Healthcare
- United Health Care Administrators (FL)
- US HealthCare
- US HealthCare HMO PA/NJ

Additional information regarding appropriate E/M coding guidelines may be found in the 1997 Documentation Guidelines for Evaluation and Management Services as published in partnership with CMS and the American Medical Association.

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Luxembourg 8002 25 22 • Netherlands 0800 022 81 84 • Norway 800 11629 • Sweden 020 792 445 • UK 0800 973 115



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