Coverage, coding and payment for medical procedures and devices can be confusing. This guide was developed to assist with Medicare reporting and reimbursement for use of the Word catheter in the treatment of a Bartholin gland cyst or abscess. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at reimbursement@cookmedical.com.

Coverage

Medicare carriers may issue local coverage determinations (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (http://www.cms.hhs.gov/mcd/search.asp?) and contact their local carriers’ medical directors (http://www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

The Current Procedural Terminology (CPT®) code used to describe incision and drainage of a Bartholin gland cyst and placement of a Word catheter is as follows:

56420 - Incision and drainage of Bartholin’s gland abscess*

*CPT code 56420 includes the placement and removal of the Word catheter.

Payment

2017 Medicare Reimbursement for Placement of the Word Catheter

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>Ambulatory Surgery Center</th>
<th>Outpatient Hospital</th>
<th>Physician Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Facility Payment</td>
<td>APC</td>
<td>Facility Payment</td>
</tr>
<tr>
<td>56420</td>
<td>Incision and drainage of Bartholin’s gland abscess</td>
<td>$65.32 (National Medicare Avg)¹</td>
<td>5411 $152.15 (National Medicare Avg)²</td>
<td>$93.31 (National Medicare Avg)³</td>
</tr>
</tbody>
</table>

1. 2017 Medicare Ambulatory Surgery Center Fee Schedule
2. 2017 Medicare Outpatient Hospital Fee Schedule
3. 2017 Medicare Physician Services Fee Schedule

2017 physician fees for your local area can be found at the following CMS link: https://www.cms.gov/apps/physician-fee-schedule/overview.aspx

or

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

Disclaimer: The information provided herein reflects Cook’s understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system, Medicare payment systems, commercially available coding guides, professional societies, and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.