

Word Catheter Silicone Bartholin Gland Balloon

2022 CODING AND REIMBURSEMENT GUIDE

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 decisions (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 encouraged to contact their local carrier medical directors (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 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

2022 Medicare Reimbursement for Placement of the Word Catheter

CPT Code	Procedure Description	Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
		Facility Payment (National Medicare Avg) ¹	APC	Facility Payment (National Medicare Avg) ²	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³	Fee When Procedure Is Performed in Office (National Medicare Avg) ³
56420	Incision and drainage of Bartholin’s gland abscess	\$88.24	5411	\$173.99	\$115.24	\$195.18

¹ 2022 Medicare Ambulatory Surgery Center Fee Schedule

² 2022 Medicare Outpatient Hospital Fee Schedule

³ 2022 Medicare Physician Services Fee Schedule

The reimbursement rates provided are national Medicare averages published by CMS at the time this guide was created. Reimbursement rates may change due to addendum updates Medicare publishes throughout the year and may not be reflected in the guide.

2022 Physician fees for your local area can be found at the following CMS links:

<http://www.cms.hhs.gov/PFSlookup/>

or

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

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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.