



Physician Coding and Payment Quick Reference Guide

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

DYSIS® Computer-Aided Colposcopy

Coding

As of January 1, 2021, the following new CPT® add-on code is thought to be most relevant to DYSIS Smart Colposcopy procedures and is referenced throughout.

CPT® Add-On Code	CPT® Description
+57465	<p>Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)</p> <p>(Use 57465 in conjunction with 57420, 57421, 57452, 57454, 57455, 57456, 57460, 57461)</p>

Physician Payment – Relative Value Units (RVUs)*

CPT® Code	Work RVU	Non Facility Practice Expense RVU	Facility Practice Expense RVU	Malpractice Expense RVU	Total Non Facility (OFFICE) Based RVU	Total Facility Based RVU
+57465	0.81	0.72	0.33	0.13	1.66	1.27

*As recommended by the AMA/Specialty Society RVS Update Committee and approved by the Centers for Medicare and Medicaid Services (CMS) for use in the 2021 Medicare Physician Fee Schedule. The Medicare conversion factor for 2021 is now \$34.8931 per RVU (subject to change). Many private health insurers utilize the Medicare approved RVUs multiplied by a higher conversion factor to pay their contracted physicians.

Frequently Asked Questions (FAQs)

Should the new CPT® add-on code +57465 ever be billed alone?

No. An add-on code such as +57465 should never be billed alone. As noted in its CPT® description above, it should always be listed separately in addition to the primary (Colposcopy) code.

Do I need to change any other aspects of my coding when I use the new CPT® add-on code?

No. You must continue to report the most applicable primary CPT® code for the colposcopy procedure performed and the most relevant ICD-10-CM diagnosis code(s) for the specific patient treated.

What if my claims system does not allow me to enter the “+” sign for the new CPT® add-on code?

Try billing the CPT® add-on code without the “+” sign (i.e. just enter “57465”).

Should Modifier -51 be appended to CPT® add-on code +57465?

No. All add-on codes are exempt from the “multiple procedure” discounting concept, per CPT® instructions. As such, they are to be paid at full fee schedule value and modifier-51 should not be appended.

Will the new CPT® add-on code +57465 be paid?

That will depend on the individual patient’s health insurer and that payer’s adoption of the new add-on code. Early indications are that a majority of national and local payers (both private and governmental) have been reimbursing for the new add-on code. If any of your claims for +57465 are denied as non-covered, we urge you to appeal them. We have established a DYSIS Reimbursement Hotline to assist you in that effort. (Please see the contact information below.)

DYSIS Reimbursement Hotline

Hours: Monday-Friday, 9 am - 5 pm ET

Phone: 855-682-1828 • **Fax:** 833-542-0527

Email: support@dysisreimbursement.com



Please note: this coding information may include codes for procedures for which DYSIS Medical currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any DYSIS Medical products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on the medically appropriate needs of that patient and the independent medical judgement of the HCP.

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Rates for services are effective January 1, 2021.

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