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MASTER CLASS

Understanding the new economic benefits of in-office hysteroscopy Publish date: November 22, 2017

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As a practicing reproductive endocrinologist and minimally invasive gynecologic surgeon, falling reimbursement has become routine. Furthermore, it was disadvantageous to perform in-office procedures while physician reimbursement was similar whether cases were performed in office, the hospital, or a surgery center. Higher procedural costs in the office, including reusable and disposable instrumentation and staffing, actually discouraged the physician who wanted to perform cases in the office, as it led to an overall reduction in reimbursement. Of course, certain outlying procedures have been reimbursed at a far greater rate in office and, as a result, global endometrial ablation and the Essure procedure now are generally performed in office.

As of January 2017, there has been a marked increase in the reimbursement for hysteroscopic endometrial biopsy and/or polypectomy. This creates a distinct monetary advantage, which along with increased physician efficiency and patient comfort, has led to more physicians bringing these surgeries to an in-office setting. Adding to the already robust reimbursement for saline-infused sonogram (especially 3-D) used in the diagnosis of abnormal uterine bleeding, endometrial polyps, retained products of conception and endometrial hyperplasia, hysteroscopic diagnosis and treatment offers overall very favorable compensation when performed in an in-office setting.

In order to help us all understand the "nuts and bolts" behind the changes in physician compensation for in-



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office hysteroscopic procedures, I have once again called upon internationally recognized expert in Dr. Charles E. Miller hysteroscopic surgery, Aarathi Cholkeri-Singh, MD. At the AAGL 45th Global Congress on Minimally Invasive Gynecologic Surgery in 2016, Dr. Cholkeri-Singh was the chair and faculty of the postgraduate course <<u>http://www.aagl.org/2016syllabus/HSC-700.pdf</u>>, "Hysteroscopy 360° Beyond the Basics: Maximize Treatment, Minimize Failures." At this year's Global Congress, Dr. Cholkeri-Singh is a cochair of the postgraduate course "Advanced Operative Hysteroscopy: Expect the Unexpected."

I am sure after reading Dr. Cholkeri-Singh's comments, many of our readers of the Master Class in Gynecologic Surgery will add hysteroscopic surgery to their surgical repertoire.

Dr. Miller <http://surgery.drcharlesmiller.com/dr-charles-e-miller/> is clinical associate professor at the University of Illinois at Chicago and past president of the AAGL. He is a reproductive endocrinologist and minimally invasive gynecologic surgeon in metropolitan Chicago; director of minimally invasive gynecologic surgery at Advocate Lutheran General Hospital, Park Ridge, Ill.; and the medical editor of this column. He is a consultant for Medtronic.

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Payment changes drive hysteroscopy to the office Aarathi Cholkeri-Singh, MD Publish date: November 22, 2017 At the crux of this shift has been a 237% increase in the physician office payment for hysteroscopic endometrial biopsy and/or polypectomy. CONTINUE READING ARTICLE >



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