

2018 Hysterectomy Reimbursement Fact Sheet

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Finding the appropriate ICD-10-PCS Code¹

STEP 1: Using the table below, select the appropriate codes from each column in the respective order.

Procedure Code	Body Part	Approach	Device	Qualifier
ØUT: Resection, Female Reproductive System	Ø Ovary, Right 1 Ovary, Left 2 Ovaries, Bilateral 5 Fallopian Tube, Right 6 Fallopian Tube, Left 7 Fallopian Tubes, Bilateral 9 Uterus	Ø Open 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic F Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance	Z No Device	Z No Qualifier
ØUT: Resection, Female Reproductive System	C Cervix F Cul-de-sac	Ø Open 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	Z No Qualifier
ØU5: Female Reproductive System Destruction	9 Uterus F Cul-de-sac	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	Z No Qualifier
ØUL: Female Reproductive System Occlusion	F Cul-de-sac G Vagina	7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	D Intraluminal Device Z No Device	Z No Qualifier
ØUM: Female Reproductive System Reattachment ØUS: Female Reproductive System Reposition	F Cul-de-sac	Ø Open 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
ØUN: Female Reproductive System Release ØUQ: Female Reproductive System Repair	F Cul-de-sac	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	Z No Qualifier

STEP 2: Combine the code in the respective order from left to right. This is your ICD-10-PCS Code.

For example, the code for **Resection of Uterus, Percutaneous Endoscopic Approach (ØUT94ZZ)** would be created in the steps below:

Example: STEP 1: Procedure Code ØUT + Body Part 9 + Approach 4 + Device Z + Qualifier Z = **STEP 2: ØUT94ZZ**

Joint Coding Requirements

— Note the following billing codes must be combined with one of the procedure codes below it and billed jointly to ensure proper reimbursement. —

ØUT04ZZ Resection of Right Ovary, Percutaneous Endoscopic Approach (must bill jointly with the following procedure and vice versa)

ØUT54ZZ Resection of Right Fallopian Tube, Percutaneous Endoscopic Approach

ØUT14ZZ Resection of Left Ovary, Percutaneous Endoscopic Approach (must bill jointly with the following procedure and vice versa)

ØUT64ZZ Resection of Left Fallopian Tube, Percutaneous Endoscopic Approach

ØUT00ZZ Resection of Right Ovary, Open Approach (must bill jointly with the following procedure and vice versa)

ØUT50ZZ Resection of Right Fallopian Tube, Open Approach

ØUT10ZZ Resection of Left Ovary, Open Approach (must bill jointly with the following procedure and vice versa)

ØUT60ZZ Resection of Left Fallopian Tube, Open Approach

ØUT20ZZ Resection of Bilateral Ovaries, Open Approach (must bill jointly with one of the following procedures and vice versa when appropriate)

ØDTN0ZZ Resection of Sigmoid Colon, Open Approach

ØDTP0ZZ Resection of Rectum, Open Approach

ØTTB0ZZ Resection of Bladder, Open Approach

ØTTD0ZZ Resection of Urethra, Open Approach

ØUT70ZZ Resection of Bilateral Fallopian Tubes, Open Approach

ØUT90ZZ Resection of Uterus, Open Approach

ØUTC0ZZ Resection of Cervix, Open Approach

ØUTG0ZZ Resection of Vagina, Open Approach

ØUT27ZZ Resection of Bilateral Ovaries, Via Natural or Artificial Opening (must bill jointly with the following procedure and vice versa)

ØUT77ZZ Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening

ØUT28ZZ Resection of Bilateral Ovaries, Via Natural or Artificial Opening Endoscopic (must bill jointly with the following procedure and vice versa)

ØUT78ZZ Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic

ØUT2FZZ Resection of Bilateral Ovaries, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance (must bill jointly with the following procedure and vice versa)

ØUT7FZZ Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance

ØUT24ZZ Resection of Bilateral Ovaries, Percutaneous Endoscopic Approach (must bill jointly with the following procedure and vice versa)

ØUT74ZZ Resection of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach

ØUT40ZZ Resection of Uterine Supporting Structure, Open Approach (must bill jointly with one of the following procedures and vice versa)

ØUT90ZZ Resection of Uterus, Open Approach

ØUTC0ZZ Resection of Cervix, Open Approach

ØUT94ZZ Resection of Uterus, Percutaneous Endoscopic Approach OR ØUT9FZZ Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance (must bill jointly with one of the following procedures and vice versa)

ØUT44ZZ Resection of Uterine Supporting Structure, Percutaneous Endoscopic Approach

ØUTC4ZZ Resection of Cervix, Percutaneous Endoscopic Approach

ØUT97ZZ Resection of Uterus, Via Natural or Artificial Opening OR ØUT98ZZ Resection of Uterus, Via Natural or Artificial Opening Endoscopic (must bill jointly with one of the following procedures and vice versa when appropriate)

ØUTC7ZZ Resection of Cervix, Via Natural or Artificial Opening

ØUTC8ZZ Resection of Cervix, Via Natural or Artificial Opening Endoscopic

ØUT47ZZ Resection of Uterine Supporting Structure, Via Natural or Artificial Opening (must bill jointly with one of the following procedures and vice versa)

ØUT97ZZ Resection of Uterus, Via Natural or Artificial Opening

ØUT98ZZ Resection of Uterus, Via Natural or Artificial Opening Endoscopic

ØUTC7ZZ Resection of Cervix, Via Natural or Artificial Opening

ØUTC8ZZ Resection of Cervix, Via Natural or Artificial Opening Endoscopic

Surgeon CPT, APC & DRG Codes

SURGEON CPT CODE ²	PROCEDURE	NAT AVERAGE MEDICARE PAYMENT ³
Total Abdominal Hysterectomy		
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(ies)	\$1,042
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(ies); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	1,274
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(ies)	983
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(ies)	1,423
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(ies)	1,917
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(ies), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	3,016
Vaginal Hysterectomy		
58260	Vaginal hysterectomy, for uterus 250 g or less	\$839
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies)	935
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies), with repair of enterocele	1,004
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	1,067
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	896
58275	Vaginal hysterectomy, with total or partial vaginectomy;	1,001
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	1,064
58285	Vaginal hysterectomy, radical (Schauta type operation)	1,491
58290	Vaginal hysterectomy, for uterus greater than 250 g	1,166
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	1,265
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies), with repair of enterocele	1,329
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	1,382
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	1,232
Laparoscopy-Assisted Supracervical Hysterectomy		
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	\$729
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(ies)	831
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	841
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	915
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	921
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	1,139
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(ies), if performed	1,970
Laparoscopy-Assisted Vaginal Hysterectomy		
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less	\$896
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(ies)	1,008
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	1,145
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	1,354

Surgeon CPT, APC & DRG Codes (continued)

SURGEON CPT CODE ²	PROCEDURE	NAT AVERAGE MEDICARE PAYMENT ³
Laparoscopy-Assisted Total Hysterectomy		
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	\$797
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(ies)	920
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	1,048
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	1,249
58578	Unlisted laparoscopy procedure, uterus	Carrier priced
Salpingectomy, Oophorection, and Other Miscellaneous Procedures		
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	\$797
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	756
58940	Oophorectomy, partial or total, unilateral or bilateral	541
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal Washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	1,217
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy	1,174
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	1,510
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	1,705
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	2,114
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	2,299
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	1,434
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed	1,649
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	1,721

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	STATUS INDICATOR	NATIONAL AVERAGE MEDICARE PAYMENT ⁴
5415	Level 5 Gynecologic Procedures (CPT codes: 58260, 58262, 58263, 58270, 58291, 58294)	J1	\$4,112
5416	Level 6 Gynecologic Procedures (CPT codes: 58290, 58292)	J1	6,287
5361	Level 1 Laparoscopy & Related Services (CPT codes: 58541, 58545, 58550, 58578)	J1	4,488
5362	Level 2 Laparoscopy & Related Services (CPT codes: 58542, 58543, 58544, 58546, 58552, 58553, 58554, 58570, 58571, 58572, 58573)	J1	7,595

Surgeon CPT, APC & DRG Codes (continued)

Ambulatory Surgery Center

CPT CODE	CPT DESCRIPTION	NATIONAL AVERAGE MEDICARE PAYMENT ⁵
58260	Vaginal hysterectomy, for uterus 25Ø g or less	\$1,839
58262	Vaginal hysterectomy, for uterus 25Ø g or less; with removal of tube(s), and/or ovary(ies)	1,839
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 25Ø g or less	2,Ø97
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 25Ø g or less and/or removal of surface myomas	2,Ø97
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 25Ø g or less	2,Ø97
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 25Ø g or less; with removal of tube(s) and/or ovary(ies)	3,368
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 25Ø g	3,368
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 25Ø g; with removal of tube(s) and/or ovary(ies)	3,368
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 25Ø g	3,368
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 25Ø g or less; with removal of tube(s) and/or ovary(ies)	3,368
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 25Ø g	3,368
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 25Ø g; with removal of tube(s) and/or ovary(ies)	3,368
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 25Ø g or less	3,368
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 25Ø g or less; with removal of tube(s) and/or ovary(ies)	3,368
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 25Ø g; with removal of tube(s) and/or ovary(ies)	3,368

INPATIENT FACILITY

DRG	DESCRIPTION*	AVERAGE LENGTH OF STAY (DAYS) ⁶	NATIONAL AVERAGE DRG PAYMENT ⁶
734	Pelvic evisceration, rad hysterectomy & rad vulvectomy with CC/MCC	5.3	\$13,11Ø
735	Pelvic evisceration, rad hysterectomy & rad vulvectomy without CC/MCC	2.2	7,884
736	Uterine and adnexa procedures for ovarian or adnexal malignancy with MCC	11.4	23,671
737	Uterine and adnexa procedures for ovarian or adnexal malignancy with CC	5.6	11,81Ø
738	Uterine and adnexa procedures for ovarian or adnexal malignancy without CC/MCC	3.2	8,399
739	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with MCC	9.4	21,342
74Ø	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with CC	4.Ø	1Ø,374
741	Uterine and adnexa procedures for non-ovarian/adnexal malignancy without CC/MCC	2.1	7,62Ø
742	Uterine and adnexa procedures for nonmalignancy with CC/MCC	4.Ø	9,877
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	2.Ø	6,475

*CC stands for Complications and Comorbidities while MCC refers to Major Complications and Comorbidities. These are a measure of the severity of an illness indicating additional diagnoses present on a case that MAY increase the expected resource consumption beyond that of the same case without a CC or MCC under the current Medicare definition. Whether a complication or comorbidity is classified as a CC or MCC is defined by Medicare.

1. ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). 2. All Current Procedural Terminology (CPT) five digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2017 American Medical Association. 3. Medicare Physician Fee Schedule (MPFS), Final Rule [CMS-1676-F], Federal Register, Vol. 82, No. 219, Wednesday, November 15, 2017; 2018 Physician Conversion Factor (CF) = \$35,9996. 4. Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgery Center Payment Systems Final Rule [CMS-1678-FC], Federal Register, Vol. 87, No. 239, Thursday, December 14, 2017; Final National Hospital Average APC Payment. 5. Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgery Center Payment Systems Final Rule [CMS-1678-FC], Federal Register, Vol. 87, No. 239, Thursday, December 14, 2017; Final National ASC Average APC Payment. 6. Medicare Inpatient Prospective Payment System Final Rule [CMS-1677-F], Federal Register (Vol. 82, Issue 155), Monday, August 14, 2017; Final National Average DRG Payment.

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