

2020 Hysterectomy Reimbursement Fact

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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
OUT: Resection, Female Reproductive System	0 Ovary, Right 1 Ovary, Left 2 Ovaries, Bilateral 5 Fallopian Tube, Right 6 Fallopian Tube, Left 7 Fallopian Tubes, Bilateral 9 Uterus	0 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
OUT: Resection, Female Reproductive System	C Cervix F Cul-de-sac	0 Open 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	Z No Qualifier
OU5: Female Reproductive System Destruction	9 Uterus F Cul-de-sac	0 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
OUL: 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
OUM: Female Reproductive System Reattachment OUS: Female Reproductive System Reposition	F Cul-de-sac	0 Open 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
OUN: Female Reproductive System Release OUQ: Female Reproductive System Repair	F Cul-de-sac	0 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 (OUT94ZZ)** would be created in the steps below:

Example: STEP 1: Procedure Code OUT + Body Part 9 + Approach 4 + Device Z + Qualifier Z = **STEP 2: OUT94ZZ**

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.

OUT04ZZ Resection of Right Ovary, Percutaneous Endoscopic Approach (must bill jointly with the following procedure and vice versa)

OUT54ZZ Resection of Right Fallopian Tube, Percutaneous Endoscopic Approach

OUT14ZZ Resection of Left Ovary, Percutaneous Endoscopic Approach (must bill jointly with the following procedure and vice versa)

OUT64ZZ Resection of Left Fallopian Tube, Percutaneous Endoscopic Approach

OUT00ZZ Resection of Right Ovary, Open Approach (must bill jointly with the following procedure and vice versa)

OUT50ZZ Resection of Right Fallopian Tube, Open Approach

OUT10ZZ Resection of Left Ovary, Open Approach (must bill jointly with the following procedure and vice versa)

OUT60ZZ Resection of Left Fallopian Tube, Open Approach

OUT20ZZ Resection of Bilateral Ovaries, Open Approach (must bill jointly with one of the following procedures and vice versa when appropriate)

ODTN0ZZ Resection of Sigmoid Colon, Open Approach

ODTPOZZ Resection of Rectum, Open Approach

OTTB0ZZ Resection of Bladder, Open Approach

OTTD0ZZ Resection of Urethra, Open Approach

OUT70ZZ Resection of Bilateral Fallopian Tubes, Open Approach

OUT90ZZ Resection of Uterus, Open Approach

OUTC0ZZ Resection of Cervix, Open Approach

OUTGOZZ Resection of Vagina, Open Approach

OUT27ZZ Resection of Bilateral Ovaries, Via Natural or Artificial Opening (must bill jointly with the following procedure and vice versa)

OUT77ZZ Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening

OUT28ZZ Resection of Bilateral Ovaries, Via Natural or Artificial Opening Endoscopic (must bill jointly with the following procedure and vice versa)

OUT78ZZ Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic

OUT2FZZ Resection of Bilateral Ovaries, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance

(must bill jointly with the following procedure and vice versa)

OUT7FZZ Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance

OUT24ZZ Resection of Bilateral Ovaries, Percutaneous Endoscopic Approach (must bill jointly with the following procedure and vice versa)

OUT74ZZ Resection of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach

OUT40ZZ Resection of Uterine Supporting Structure, Open Approach (must bill jointly with one of the following procedures and vice versa)

OUT90ZZ Resection of Uterus, Open Approach

OUTC0ZZ Resection of Cervix, Open Approach

OUT94ZZ Resection of Uterus, Percutaneous Endoscopic Approach OR OUT9FZZ Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance (must bill jointly with one of the following procedures and vice versa)

OUT44ZZ Resection of Uterine Supporting Structure, Percutaneous Endoscopic Approach

OUTC4ZZ Resection of Cervix, Percutaneous Endoscopic Approach

OUT97ZZ Resection of Uterus, Via Natural or Artificial Opening OR OUT98ZZ Resection of Uterus, Via Natural or Artificial Opening Endoscopic

(must bill jointly with one of the following procedures and vice versa when appropriate)

OUTC7ZZ Resection of Cervix, Via Natural or Artificial Opening

OUTC8ZZ Resection of Cervix, Via Natural or Artificial Opening Endoscopic

OUT47ZZ Resection of Uterine Supporting Structure, Via Natural or Artificial Opening (must bill jointly with one of the following procedures and vice versa)

OUT97ZZ Resection of Uterus, Via Natural or Artificial Opening

OUT98ZZ Resection of Uterus, Via Natural or Artificial Opening Endoscopic

OUTC7ZZ Resection of Cervix, Via Natural or Artificial Opening

OUTC8ZZ 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)	\$ 1,056
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)	\$ 1,312
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(ies)	\$ 1,005
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)	\$ 1,409
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)	\$ 1,890
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	\$ 3,025
Vaginal Hysterectomy		
58260	Vaginal hysterectomy, for uterus 250 g or less	\$ 873
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies)	\$ 970
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies), with repair of enterocele	\$ 1,042
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	\$ 1,116
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	\$ 932
58275	Vaginal hysterectomy, with total or partial vaginectomy;	\$ 1,034
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	\$ 1,109
58285	Vaginal hysterectomy, radical (Schauta type operation)	\$ 1,461
58290	Vaginal hysterectomy, for uterus greater than 250 g	\$ 1,207
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	\$ 1,308
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies), with repair of enterocele	\$ 1,379
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	\$ 1,432
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	\$ 1,279
Laparoscopy-Assisted Supracervical Hysterectomy		
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 25Ø g or less	\$ 760
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 25Ø g or less; with removal of tube(s) and/or ovary(ies)	\$ 865
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 25Ø g	\$ 879
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 25Ø g; with removal of tube(s) and/or ovary(ies)	\$ 947
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 25Ø g or less and/or removal of surface myomas	\$ 941
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 25Ø g	\$ 1,173
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	\$ 1,948
Laparoscopy-Assisted Vaginal Hysterectomy		
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less	\$ 924
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(ies)	\$ 1,029
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	\$ 1,180
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	\$ 1,376

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	\$ 829
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(ies)	\$ 936
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	\$ 1,078
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	\$ 1,264
58578	Unlisted laparoscopy procedure, uterus	Carrier priced
Salpingectomy, Oophorection, and Other Miscellaneous Procedures		
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	\$ 826
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	\$ 778
58940	Oophorectomy, partial or total, unilateral or bilateral	\$ 565
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	\$ 1,216
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy	\$ 1,179
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	\$ 1,493
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)	\$ 1,695
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	\$ 2,079
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	\$ 2,253
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	\$ 1,413
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed	\$ 1,641
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	\$ 1,816

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	\$ 4,271
5416	Level 6 Gynecologic Procedures (CPT codes: 58290, 58292)	J1	\$ 6,703
5361	Level 1 Laparoscopy & Related Services (CPT codes: 58541, 58545, 58550, 58578)	J1	\$ 4,833
5362	Level 2 Laparoscopy & Related Services (CPT codes: 58542, 58543, 58544, 58546, 58552, 58553, 58554, 58570, 58571, 58572, 58573)	J1	\$ 8,412

Surgeon CPT, APC & DRG Codes (continued)

Ambulatory Surgery Center

CPT CODE	CPT DESCRIPTION	NATIONAL AVERAGE MEDICARE PAYMENT ⁵
58260	Vaginal hysterectomy, for uterus 250 g or less	\$ 1,816
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies)	\$ 1,816
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	\$ 2,194
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	\$ 2,194
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less	\$ 2,194
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(ies)	\$ 3,589
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	\$ 3,589
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	\$ 3,589
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	\$ 3,589
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(ies)	\$ 3,589
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	\$ 3,589
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	\$ 3,589
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	\$ 3,589
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(ies)	\$ 3,589
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	\$ 3,589

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	4.9	\$ 13,729
735	Pelvic evisceration, rad hysterectomy & rad vulvectomy without CC/MCC	2.0	\$ 8,607
736	Uterine and adnexa procedures for ovarian or adnexal malignancy with MCC	11.1	\$ 27,065
737	Uterine and adnexa procedures for ovarian or adnexal malignancy with CC	5.0	\$ 12,447
738	Uterine and adnexa procedures for ovarian or adnexal malignancy without CC/MCC	3.1	\$ 8,637
739	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with MCC	9.6	\$ 23,455
740	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with CC	3.9	\$ 11,180
741	Uterine and adnexa procedures for non-ovarian/adnexal malignancy without CC/MCC	2.0	\$ 8,328
742	Uterine and adnexa procedures for nonmalignancy with CC/MCC	3.8	\$ 10,583
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	1.9	\$ 7,194

*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 2019 American Medical Association. 3. CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1715-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$36,0896 effective January 2020. 4. CY 2020 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1717-FC); Addendum B and Final ASC Addenda AA. 5. CY 2020 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1717-FC); Addendum B and Final ASC Addenda AA. 6. Medicare Inpatient Prospective Payment System Final Rule [CMS-1616-F], Federal Register (Vol. 84, Issue 159), Friday, August 16, 2019; Final: National Average DRG Payment.

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