

# 2021 Hysterectomy Reimbursement Fact Sheet

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## Finding the appropriate ICD-10-PCS Code<sup>1</sup>

**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
0UL: 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
0UM: Female Reproductive System Reattachment 0US: Female Reproductive System Reposition	F Cul-de-sac	0 Open 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
0UN: Female Reproductive System Release 0UQ: 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 billing codes below it and billed jointly to ensure proper reimbursement.

0UT04ZZ Resection of Right Ovary, Percutaneous Endoscopic Approach (must bill jointly with the following procedure and vice versa)

0UT54ZZ Resection of Right Fallopian Tube, Percutaneous Endoscopic Approach

0UT14ZZ Resection of Left Ovary, Percutaneous Endoscopic Approach (must bill jointly with the following procedure and vice versa)

0UT64ZZ Resection of Left Fallopian Tube, Percutaneous Endoscopic Approach

0UT00ZZ Resection of Right Ovary, Open Approach (must bill jointly with the following procedure and vice versa)

0UT50ZZ Resection of Right Fallopian Tube, Open Approach

0UT10ZZ Resection of Left Ovary, Open Approach (must bill jointly with the following procedure and vice versa)

0UT60ZZ Resection of Left Fallopian Tube, Open Approach

0UT20ZZ Resection of Bilateral Ovaries, Open Approach (must bill jointly with one of the following procedures and vice versa when appropriate)

0DTN0ZZ Resection of Sigmoid Colon, Open Approach

0DTP0ZZ Resection of Rectum, Open Approach

0TTB0ZZ Resection of Bladder, Open Approach

0TTD0ZZ Resection of Urethra, Open Approach

0UT70ZZ Resection of Bilateral Fallopian Tubes, Open Approach

0UT90ZZ Resection of Uterus, Open Approach

0UTC0ZZ Resection of Cervix, Open Approach

0UTG0ZZ Resection of Vagina, Open Approach

0UT27ZZ Resection of Bilateral Ovaries, Via Natural or Artificial Opening (must bill jointly with the following procedure and vice versa)

0UT77ZZ Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening

0UT28ZZ Resection of Bilateral Ovaries, Via Natural or Artificial Opening Endoscopic (must bill jointly with the following procedure and vice versa)

0UT78ZZ Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic

0UT2FZZ Resection of Bilateral Ovaries, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance

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

0UT7FZZ Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance

0UT24ZZ Resection of Bilateral Ovaries, Percutaneous Endoscopic Approach (must bill jointly with the following procedure and vice versa)

0UT74ZZ Resection of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach

0UT40ZZ Resection of Uterine Supporting Structure, Open Approach (must bill jointly with one of the following procedures and vice versa)

0UT90ZZ Resection of Uterus, Open Approach

0UTC0ZZ Resection of Cervix, Open Approach

0UT94ZZ Resection of Uterus, Percutaneous Endoscopic Approach OR 0UT9FZZ Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance (must bill jointly with one of the following procedures and vice versa)

0UT44ZZ Resection of Uterine Supporting Structure, Percutaneous Endoscopic Approach

0UTC4ZZ Resection of Cervix, Percutaneous Endoscopic Approach

0UT97ZZ Resection of Uterus, Via Natural or Artificial Opening OR 0UT98ZZ Resection of Uterus, Via Natural or Artificial Opening Endoscopic

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

0UTC7ZZ Resection of Cervix, Via Natural or Artificial Opening

0UTC8ZZ Resection of Cervix, Via Natural or Artificial Opening Endoscopic

0UT47ZZ Resection of Uterine Supporting Structure, Via Natural or Artificial Opening (must bill jointly with one of the following procedures and vice versa)

0UT97ZZ Resection of Uterus, Via Natural or Artificial Opening

0UT98ZZ Resection of Uterus, Via Natural or Artificial Opening Endoscopic

0UTC7ZZ Resection of Cervix, Via Natural or Artificial Opening

0UTC8ZZ Resection of Cervix, Via Natural or Artificial Opening Endoscopic

## Surgeon CPT, APC & DRG Codes

SURGEON CPT CODE <sup>2</sup>	PROCEDURE	NAT AVERAGE MEDICARE PAYMENT <sup>3</sup>
<b>Total Abdominal Hysterectomy</b>		
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(ies)	\$ 1,039
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(ies); with colpo-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch)	\$ 1,277
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(ies)	\$ 986
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)	\$ 1,387
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)	\$ 1,865
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	\$ 2,997

### Vaginal Hysterectomy

58260	Vaginal hysterectomy, for uterus 250 g or less	\$ 863
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies)	\$ 954
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies), with repair of enterocele	\$ 1,024
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	\$ 1,101
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	\$ 920
58275	Vaginal hysterectomy, with total or partial vaginectomy;	\$ 1,020
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	\$ 1,091
58285	Vaginal hysterectomy, radical (Schauta type operation)	\$ 1,451
58290	Vaginal hysterectomy, for uterus greater than 250 g	\$ 1,187
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	\$ 1,284
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies), with repair of enterocele	\$ 1,354
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	\$ 1,256

## Surgeon CPT, APC & DRG Codes (continued)

SURGEON CPT CODE <sup>2</sup>	PROCEDURE	NAT AVERAGE MEDICARE PAYMENT <sup>3</sup>
<b>Salpingectomy, Oophorection, and Other Miscellaneous Procedures</b>		
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	\$ 818
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	\$ 774
58940	Oophorectomy, partial or total, unilateral or bilateral	\$ 568
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	\$ 1,204
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy	\$ 1,175
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	\$ 1,474
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)	\$ 1,681
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	\$ 2,049
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	\$ 2,218
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	\$ 1,392
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed	\$ 1,627
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	\$ 1,707

### OUTPATIENT FACILITY

#### Hospital Outpatient Department

APC	APC DESCRIPTION	STATUS INDICATOR	NATIONAL AVERAGE MEDICARE PAYMENT <sup>4</sup>
5415	Level 5 Gynecologic Procedures (CPT codes: 58260, 58262, 58263, 58270, 58291, 58294)	J1	\$ 4,410
5416	Level 6 Gynecologic Procedures (CPT codes: 58290, 58292)	J1	\$ 6,794

# Surgeon CPT, APC & DRG Codes (continued)

## Ambulatory Surgery Center

CPT CODE	CPT DESCRIPTION	NATIONAL AVERAGE MEDICARE PAYMENT <sup>5</sup>
58260	Vaginal hysterectomy, for uterus 250 g or less	\$ 1,873
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies)	\$ 1,873
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies), with repair of enterocele	\$ 1,873
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	\$ 1,873
58290	Vaginal hysterectomy, for uterus greater than 250 g	\$ 2,801
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	\$ 1,873
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies), with repair of enterocele	\$ 2,801
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	\$ 1,873

## INPATIENT FACILITY

DRG	DESCRIPTION*	AVERAGE LENGTH OF STAY (DAYS) <sup>6</sup>	NATIONAL AVERAGE DRG PAYMENT <sup>6</sup>
734	Pelvic evisceration, rad hysterectomy & rad vulvectomy with CC/MCC	3.5	\$ 14,287
735	Pelvic evisceration, rad hysterectomy & rad vulvectomy without CC/MCC	1.7	\$ 9,085
736	Uterine and adnexa procedures for ovarian or adnexal malignancy with MCC	8.4	\$ 27,370
737	Uterine and adnexa procedures for ovarian or adnexal malignancy with CC	4.2	\$ 13,229
738	Uterine and adnexa procedures for ovarian or adnexal malignancy without CC/MCC	2.6	\$ 9,491
739	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with MCC	6.6	\$ 24,564
740	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with CC	2.8	\$ 11,570
741	Uterine and adnexa procedures for non-ovarian/adnexal malignancy without CC/MCC	1.6	\$ 8,224
742	Uterine and adnexa procedures for nonmalignancy with CC/MCC	2.8	\$ 11,036
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	1.7	\$ 7,278

\*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 2020 American Medical Association. 3. CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1734F); Addendum B. All MPFS Fee Schedules calculated using CF of \$34,8931 effective January 2021. 4. CY 2021 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1736FC); Addendum B and Final ASC Addenda AA. 5. CY 2021 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1736FC); Addendum B and Final ASC Addenda AA. 6. Medicare Inpatient Prospective Payment System Final Rule [CMS-1735-F], Federal Register (Vol. 85, Issue 182), Friday, September, 18, 2020; Final: National Average DRG Payment.

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