

2022 Hysterectomy Reimbursement Guide

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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.

- 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 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)	\$ 1,040
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)	\$ 1,275
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(ies)	\$ 987
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)	\$ 1,381
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)	\$ 1,869
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	\$ 3,018

Vaginal Hysterectomy

58260	Vaginal hysterectomy, for uterus 250 g or less	\$ 865
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies)	\$ 955
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	\$ 1,104
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	\$ 924
58275	Vaginal hysterectomy, with total or partial vaginectomy;	\$ 1,020
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	\$ 1,093
58285	Vaginal hysterectomy, radical (Schauta type operation)	\$ 1,459
58290	Vaginal hysterectomy, for uterus greater than 250 g	\$ 1,186
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	\$ 1,282
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies), with repair of enterocele	\$ 1,351
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	\$ 1,255

Surgeon CPT, APC & DRG Codes (continued)

SURGEON CPT CODE ²	PROCEDURE	NAT AVERAGE MEDICARE PAYMENT ³
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)	\$ 781
58940	Oophorectomy, partial or total, unilateral or bilateral	\$ 575
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	\$ 1,202
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy	\$ 1,186
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	\$ 1,480
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)	\$ 1,690
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	\$ 2,051
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	\$ 2,219
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	\$ 1,394
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed	\$ 1,636
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 ⁴
5415	Level 5 Gynecologic Procedures (CPT codes: 58260, 58262, 58263, 58270, 58291, 58294)	J1	\$ 4,503
5416	Level 6 Gynecologic Procedures (CPT codes: 58290, 58292)	J1	\$ 6,933

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	\$ 1,911
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies)	\$ 1,911
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(ies), with repair of enterocele	Not reimbursed at ASC
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Not reimbursed at ASC
58290	Vaginal hysterectomy, for uterus greater than 250 g	Not reimbursed at ASC
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies)	Not reimbursed at ASC
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(ies), with repair of enterocele	Not reimbursed at ASC
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Not reimbursed at ASC

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	3.5	\$ 14,668
735	Pelvic evisceration, rad hysterectomy & rad vulvectomy without CC/MCC	1.7	\$ 9,322
736	Uterine and adnexa procedures for ovarian or adnexal malignancy with MCC	8.4	\$ 28,096
737	Uterine and adnexa procedures for ovarian or adnexal malignancy with CC	4.2	\$ 13,572
738	Uterine and adnexa procedures for ovarian or adnexal malignancy without CC/MCC	2.6	\$ 9,733
739	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with MCC	6.6	\$ 25,217
740	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with CC	2.8	\$ 11,880
741	Uterine and adnexa procedures for non-ovarian/adnexal malignancy without CC/MCC	1.6	\$ 8,440
742	Uterine and adnexa procedures for nonmalignancy with CC/MCC	2.8	\$ 11,330
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	1.7	\$ 7,470

*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 2021 American Medical Association. 3. CY 2022 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1751-F, Vol. 86, No. 221; November 19, 2021); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.6062 effective January 2022. 4. CY 2022 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1753-F, Vol. 86, No. 218; November 16, 2021); Addendum B and Final ASC Addenda 5. CY 2022 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1753-F, Vol. 86, No. 218; November 16, 2021); Addendum B and Final ASC Addenda. 6. Medicare Inpatient Prospective Payment System Final Rule [CMS-1752-F], Federal Register (Vol. 86, Issue 154), Friday, August 13, 2021; Final: National Average DRG Payment.

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