

# 2009 Hysterectomy Reimbursement Fact Sheet

SURGEON CPT CODE <sup>1</sup>	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT <sup>2</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)	\$ 940
58152	Total abdominal hysterectomy with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type)	1,189
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(ies)	901
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 ovar (ies)	1,244
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymph-adenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(ies)	1,657
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	2,592
<b>Vaginal Hysterectomy</b>		
58260	Vaginal hysterectomy, for uterus 250 grams or less	\$ 786
58262	Vaginal hysterectomy with removal of tube(s) and/or ovary(ies)	879
58263	Vaginal hysterectomy with removal of tube(s) and/or ovary(ies) with repair of enterocele	947
58267	Vaginal hysterectomy with colpo-urethrocystopexy (Marshall-Marchetti-Kranz type, Pereyra type, with or without endoscopic control)	1,006
58270	Vaginal hysterectomy with repair of enterocele	843
58275	Vaginal hysterectomy with total or partial vaginectomy	937
58280	Vaginal hysterectomy with total or partial vaginectomy with repair of enterocele	1,003
58285	Vaginal hysterectomy, radical (Schauta-type operation)	1,259
58290	Vaginal hysterectomy, for uterus greater than 250g	1,102
58291	Vaginal hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(ies)	1,198
58292	Vaginal hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(ies), with repair of enterocele	1,262
58293	Vaginal hysterectomy, for uterus greater than 250g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	1,311
58294	Vaginal hysterectomy, for uterus greater than 250g; with repair of enterocele	1,164
<b>Laparoscopy-Assisted Supracervical Hysterectomy</b>		
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250g or less	\$ 816
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary(ies)	904
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250g	919
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(ies)	993
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250g or less and/or removal of surface myomas	852
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas with total weight greater than 250g	1,080
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	1,683
<b>Laparoscopy-Assisted Vaginal Hysterectomy</b>		
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250g or less	\$ 841
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary(ies)	926
58553	Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250g	1,086
58554	Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(ies)	1,240
<b>Total Laparoscopic Hysterectomy</b>		
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less	\$ 876
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less with removal of tube(s) and/or ovary(ies)	960
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g	1,090
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g with removal of tube(s) and/or ovary(ies)	1,229

**Total Abdominal Hysterectomy w/ Misc. Procedures**

**NATIONAL AVERAGE MEDICARE PAYMENT<sup>2</sup>**

58578	Unlisted laparoscopy procedure, uterus	Carrier Priced
58951	Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	\$1,306
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	1,829
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	1,985

**OUTPATIENT FACILITY**

**Hospital Outpatient Department**

APC	APC DESCRIPTION	MEDICARE PAYMENT <sup>3</sup>
130	Level I Laparoscopy (CPT code 58545, 58578)	\$2,503
131	Level II Laparoscopy (CPT codes 58541, 58542, 58543, 58544, 58546, 58552, 58553, 58554, 58570, 58571, 58572 and 58573)	3,060
132	Level III Laparoscopy (CPT code 58550)	4,619
195	Level IX Female Reproductive Proc (CPT code 58260, 58262, 58263, 58270)	2,226
202	Level X Female Reproductive Proc (CPT code 58290, 58291, 58292)	2,888

**Freestanding Ambulatory Surgery Center**

CPT CODE		MEDICARE PAYMENT <sup>4</sup>
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250g or less and/or removal of surface myomas	\$1,417
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas with total weight greater than 250g	1,588
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250g or less	2,064
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary(ies)	1,870

**INPATIENT FACILITY**

ICD-9 CODE <sup>5</sup>	DESCRIPTION	ICD-9 CODE <sup>5</sup>	DESCRIPTION
65.31	Laparoscopic unilateral oophorectomy	68.29	Other excision or destruction of lesion of uterus
65.39	Other unilateral oophorectomy	68.3**	Subtotal abdominal hysterectomy
65.41	Laparoscopic unilateral salpingo-oophorectomy	68.4**	Total abdominal hysterectomy
65.49	Other unilateral salpingo-oophorectomy	68.51	LAVH
65.51	Other removal of both ovaries at same operative episode	68.59	Other Vaginal hysterectomy
65.52	Other removal of remaining ovary	68.6**	Radical abdominal hysterectomy
65.53	Laparoscopic removal of both ovaries at same operative episode	68.61	Laparoscopic radical abdominal hysterectomy (TLAH)
65.54	Laparoscopic removal of remaining ovary	68.7**	Radical vaginal hysterectomy
65.61	Other removal of both ovaries and tubes at same operative episode	68.8	Pelvic evisceration
65.62	Other removal of remaining ovary and tube	70.4	Obliteration and total excision of vagina
65.63	Laparoscopic removal of both ovaries and tubes at same operative episode	70.8	Obliteration of vaginal vault
65.64	Laparoscopic removal of remaining ovary and tube	70.92	Other operations on cul-de-sac

**NOTE:** ICD-9 codes are grouped into Medicare Severity Diagnoses Related Groups (MS-DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One MS-DRG is assigned to each inpatient stay. \*\* Requires 4th Digit

**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	8.0	\$12,714
735	Pelvic evisceration, rad hysterectomy & rad vulvectomy without CC/MCC	3.4	6,106
739	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with MCC	10.2	16,276
740	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with CC	5.2	7,931
741	Uterine and adnexa procedures for non-ovarian/adnexal malignancy without CC/MCC	3.0	5,408
742	Uterine and adnexa procedures for nonmalignancy with CC/MCC	4.5	7,274
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	2.3	4,570

<sup>1</sup> All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2008 American Medical Association. All Rights Reserved. <sup>2</sup> Federal Register, Vol. 73, No. 224, Wednesday, November 19, 2008. The 2009 Physician Reimbursement Conversion Factor = \$36.0666; Federal Register/page69726. <sup>3</sup> Federal Register, Vol. 73, No. 223, Tuesday, November 18, 2008/ Rules and regulations; 2009 Hospital Outpatient Payment. <sup>4</sup> Federal Register, Vol. 73, No. 223, Tuesday, November 18/Rules and Regulations; 2009 ASC Reimbursement. <sup>5</sup> Ingenix® 2009 ICD-9-CM for Hospitals-Volumes 1, 2, & 3. <sup>6</sup> Federal Register, Vol. 73, No. 161, Tuesday, August 19, 2008/ Rules and Regulations; 2009 National Average DRG Payment.

Physicians should refer to their provider Carrier Manual for their geographic payments.

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