

2012 Hysterectomy Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
Total Abdominal Hysterectomy		
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s) and/or ovary(ies)	\$1,012
58152	Total abdominal hysterectomy with colpo-urethrocystopexy (Marshall-Marchetti-Krantz-type)	1,267
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s) and/or ovary(ies)	972
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)	1,335
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)	1,789
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	2,838
Vaginal Hysterectomy		
58260	Vaginal hysterectomy, for uterus 250 grams or less	\$840
58262	Vaginal hysterectomy with removal of tube(s) and/or ovary(ies)	937
58263	Vaginal hysterectomy with removal of tube(s) and/or ovary(ies) with repair of enterocele	1,008
58267	Vaginal hysterectomy with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type, with or without endoscopic control)	1,074
58270	Vaginal hysterectomy 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	1,070
58285	Vaginal hysterectomy, radical (Schauta-type operation)	1,333
58290	Vaginal hysterectomy, for uterus greater than 250g	1,170
58291	Vaginal hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(ies)	1,267
58292	Vaginal hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(ies), with repair of enterocele	1,337
58293	Vaginal hysterectomy, for uterus greater than 250g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	1,390
58294	Vaginal hysterectomy, for uterus greater than 250g; with repair of enterocele	1,240
Laparoscopy-Assisted Supracervical Hysterectomy		
58541	Vaginal hysterectomy, for uterus 250 grams or less	\$876
58542	Vaginal hysterectomy with removal of tube(s) and/or ovary(ies)	979
58543	Vaginal hysterectomy with removal of tube(s) and/or ovary(ies) with repair of enterocele	995
58544	Vaginal hysterectomy with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type, with or without endoscopic control)	1,077
58545	Vaginal hysterectomy with repair of enterocele	909
58546	Vaginal hysterectomy with total or partial vaginectomy	1,146
58548	Vaginal hysterectomy with total or partial vaginectomy with repair of enterocele	1,831
Laparoscopy-Assisted Vaginal Hysterectomy		
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250g or less	\$897
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250g or less, with removal of tube(s) and/or ovary(ies)	997
58553	Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250g	1,154
58554	Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250g, with removal of tube(s) and/or ovary(ies)	1,335
Total Laparoscopic Hysterectomy		
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less	\$942
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less, with removal of tube(s) and/or ovary(ies)	1,047
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g	1,173
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g, with removal of tube(s) and/or ovary(ies)	1,341



Total Abdominal Hysterectomy with Miscellaneous Procedures

NATIONAL AVERAGE MEDICARE PAYMENT²

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	\$1,411
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	1,972
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	2,137

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0130	Level I Laparoscopy (CPT codes: 58545, 58578)	\$2,720
0131	Level II Laparoscopy (CPT codes: 58546, 58552, 58553, 58554, 58570, 58571, 58572 and 58573)	3,358
0132	Level III Laparoscopy (CPT codes: 58550, 58541, 58542, 58543, 58544)	5,005
0195	Level IX Female Reproductive Procedure (CPT codes: 58260, 58262, 58263, 58270)	2,521
0202	Level X Female Reproductive Procedure (CPT codes: 58290, 58291, 58292, 58294)	3,218

Freestanding Ambulatory Surgery Center

CPT CODE	DESCRIPTION	MEDICARE PAYMENT ⁴
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250g or less and/or removal of surface myomas	\$1,570
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas with total weight greater than 250g	1,938
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250g or less	2,888
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary(ies)	1,938

INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION	ICD-9 CODE ⁵	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

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	6.9	\$13,863
735	Pelvic evisceration, rad hysterectomy & rad vulvectomy without CC/MCC	2.5	6,875
739	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with MCC	9.9	18,961
740	Uterine and adnexa procedures for non-ovarian/adnexal malignancy with CC	4.3	8,689
741	Uterine and adnexa procedures for non-ovarian/adnexal malignancy without CC/MCC	2.3	6,307
742	Uterine and adnexa procedures for nonmalignancy with CC/MCC	4.0	8,031
743	Uterine and adnexa procedures for nonmalignancy without CC/MCC	2.0	5,240

1 All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2011 American Medical Association. All Rights Reserved.

2 Federal Register, Vol. 76, No. 228, Monday, November 28, 2012/ Rules and Regulations. The 2012 Final Rule Physician Reimbursement Conversion Factor = \$34.0376.

3 Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - Hospital Outpatient Payment.

4 Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - ASC Reimbursement.

5 Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.

6 Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final Rule - National Average DRG Payment.

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

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