

**CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.**

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## Hysterectomy

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This section is to assist providers in billing for hysterectomy services.

**Hysterectomy Consent Form**     The *Hysterectomy – Informed Consent* form in this section is included as a sample. A hysterectomy consent form may be a hospital form, a physician-designed form or a written statement by the person who secures authorization. To be acceptable, however, the form must include the following:

- A statement that the procedure will render the patient permanently sterile and
- The patient's signature and date of signing. The date of signing must be on or before the date of surgery.

For the purposes of Medi-Cal reimbursement, patients undergoing therapy that is not for, but results in, sterilization (formerly referred to as secondary sterilization) are not required to complete the Department of Health Care Services sterilization *Consent Form* (PM 330).

**TAR Requirement**     All hysterectomy services require a *Treatment Authorization Request* (TAR).

**No Waiting Period**     There is no waiting period for a hysterectomy.

**Hysterectomy: Consent Form Required**

A hysterectomy informed consent form is required for claims submitted for hysterectomy services. Claims submitted with any of the following CPT-4, HCPCS or ICD-9-CM procedure codes that are not accompanied by a hysterectomy informed consent form will be denied.

Medical Services and Outpatient Services

<u>CPT-4 Code</u>	<u>Description</u>
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy
51925	Closure of vesicouterine fistula; with hysterectomy
58150	Total abdominal hysterectomy, <b><u>(corpus and cervix)</u></b> , with or without <b><u>removal of tube(s), with or without</u></b> removal of ovary(s)
58152	Total abdominal hysterectomy with colpo-urethrocystopexy
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), <b><u>with or without removal of ovary(s)</u></b>
58200	Total abdominal hysterectomy, including partial vaginectomy, <b><u>with lymph node sampling</u></b>
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy
58260	Vaginal hysterectomy, for uterus 250 grams or less
58262	Vaginal hysterectomy, <b><u>for uterus 250 grams or less</u></b> ; with removal of tube(s) and/or ovary(s)
58263	Vaginal hysterectomy, <b><u>for uterus 250 grams or less</u></b> ; with removal of tube(s) and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy, <b><u>for uterus 250 grams or less</u></b> ; with colpo-urethrocystopexy
58270	Vaginal hysterectomy, <b><u>for uterus 250 grams or less</u></b> ; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	Vaginal hysterectomy, with repair of enterocele
58285	Vaginal hysterectomy, radical
58290	Vaginal hysterectomy, for uterus greater than 250 grams

<u>CPT-4 Code</u>	<u>Description</u>
58291	Vaginal hysterectomy, <b><u>for uterus greater than 250 grams;</u></b> with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, <b><u>for uterus greater than 250 grams;</u></b> with removal of tube(s) and/or ovary(s), with repair of enterocele
58293	Vaginal hysterectomy, <b><u>for uterus greater than 250 grams;</u></b> with colpo-urethrocystopexy with or without endoscopic control
58294	Vaginal hysterectomy, <b><u>for uterus greater than 250 grams;</u></b> with repair of enterocele
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
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(s), if performed
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 grams or less
58552	Laparoscopy, surgical, <b><u>with vaginal hysterectomy, for uterus 250 grams or less;</u></b> with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams
58554	Laparoscopy, surgical, <b><u>with vaginal hysterectomy, for uterus greater than 250 grams;</u></b> with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)

<u>CPT-4 Code</u>	<u>Description</u>
58951	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
59525	Subtotal or total hysterectomy after cesarean delivery

Inpatient Services

Hospitals submitting claims for rooms in connection with hysterectomy services must include at least one of the following ICD-9-CM Volume 3 procedure codes in the *Principal Diagnosis Code* field (Box 67) to support the revenue code being billed: 68.31, 68.39, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8 or 68.9. Such inpatient claims must be submitted with a *Hysterectomy – Informed Consent* form.

**Exceptions for Hysterectomy Consent Form Attachment**

A hysterectomy consent form is not required to be attached to the claim under the following circumstances.

Previously Sterilized Individuals

A sterilization consent form is not required if an individual has previously been sterilized as the result of prior surgery, menopause, prior tubal ligation, pituitary or ovarian dysfunction, pelvic inflammatory disease, endometriosis or congenital sterility. When submitting a claim for a Medi-Cal patient who is sterile for one of these reasons, the provider must state the cause of sterility in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim form or on an attachment. This statement must be handwritten and signed by a physician. All assistant surgeon, anesthesiology and inpatient provider claims must include a copy of the primary physician's statement.

Emergency Circumstances

A hysterectomy consent form is not required if a hysterectomy is performed in a life-threatening emergency in which the physician determines prior acknowledgment was not possible. In this case, a handwritten statement, signed by the physician certifying the nature of the emergency must accompany the claim. The certification of emergency must appear in the *Remarks* field (Box 80)/*Reserved for Local Use* field (Box 19) of the claim form or on an attachment. All assistant surgeon, anesthesiology and Inpatient provider claims must include a copy of the primary physician's statement. A diagnosis alone will not justify this service as an emergency.

Refer to the *Sterilization* section in this manual for additional information.

Hysterectomy consent form claim attachments are required with all CPT-4 procedure codes that result in sterilization except as previously noted.

**Guidelines for Hysterectomies**

1. A physician may perform or arrange for a hysterectomy only if:

- The person who secures the authorization to perform the hysterectomy has informed the individual and the individual's representative, if any, orally and in writing that the hysterectomy will render the individual permanently sterile. Note the exceptions to this guideline under the "Exceptions for Hysterectomy Consent Form Attachment" entry in this section.

The written information may be transmitted to the patient on a hospital form, a physician-designed form, or merely a written statement by the person who secures authorization.

- The individual or the individual's representative, if any, has signed a written acknowledgment of the receipt of the preceding information. The consent must be dated prior to the date of surgery. This acknowledgment may be a hospital's form, a physician-designed form or a written statement by the patient. (A sample informed consent form is included in this section, refer to *Figure 1*.)
- Although the consent form for sterilization, PM 330, (refer to the *Sterilization* section in this manual) and the federal forms are not ideal for hysterectomy patients because the age and waiting period restrictions are inapplicable, these forms are adequate so long as the name of the operation is clearly denoted as "hysterectomy." A consent form signed previously for a tubal ligation is not acceptable. (A sample informed consent form is included in this section, refer to *Figure 1*.)
- The individual has been informed of the rights to consultation by a second physician.

2. A copy of the written acknowledgment signed by the patient must be:
  - Provided to the patient,
  - Retained by the physician and the hospital in the patient's medical records, and
  - Attached to claims submitted by physicians, assistant surgeons, anesthesiologists, and hospitals.
3. The claim must include documentation stating the hysterectomy is not being performed for sterilization. Include a diagnosis code or an explanation in the *Remarks area/Reserved For Local Use* field (Box 19) of the claim.
4. A hysterectomy will not be covered if:
  - Performed solely for the purpose of rendering an individual permanently sterile.
  - There is more than one purpose for the procedure and the hysterectomy would not be performed except for the purpose of rendering the individual permanently sterile.

For Medicare/Medi-Cal crossover patients, the hysterectomy consent form should be completed and a copy attached to the Medicare claim form.

**Anesthesia Time**

Refer to the *Anesthesia* section in the appropriate Part 2 manual for instructions to bill anesthesia time associated with a hysterectomy.

**Hysterectomy Inquiries**

Questions concerning hysterectomy services covered by Medi-Cal should be directed to:

Benefits Branch  
Department of Health Care Services  
MS 4601  
1501 Capitol Avenue, Suite 71.4001  
P.O. Box 997417  
Sacramento, CA 95899-7417  
(916) 552-9797

HYSTERECTOMY – INFORMED CONSENT

This is to certify that I \_\_\_\_\_ have been advised by my  
(name of patient)  
physician or his/her designee \_\_\_\_\_ that the  
(name of physician/designee)  
hysterectomy which will be performed on me will render me permanently  
sterile and incapable of having children. I have been informed of my rights to  
consultation by a second physician prior to having this operation.

\_\_\_\_\_  
Patient Signature                      Date

\_\_\_\_\_  
Patient Representative                      Date  
(if any)

Prepare in triplicate: copy to patient; copy to patient records; copy attached to  
physician billing form.

*Figure 1. Sample Informed Consent Form for Hysterectomy.*