

Surgery: Female Genital System

Page updated: May 2022

This section contains information to assist providers in billing for surgical procedures related to the female genital system.

Prophylactic Salpingo-Oophorectomy

The following procedures may be reimbursable for recipients with hereditary ovarian carcinoma syndrome:

Note: Ovaries must be removed.

«Table of CPT® codes for Reimbursable Procedures»

Code	Description
58150	Total abdominal hysterectomy, (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams; with removal of tubes(s) and/or ovary(s)
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral

Authorization Requirements

Authorization is required for these services and providers must document all of the following:

- The recipient has hereditary ovarian carcinoma syndrome or Lynch II familial cancer syndrome, defined as two or more cases among first degree relatives.
- The recipient no longer desires to maintain her reproductive capacity.
- The recipient is fully informed that the removal of the tubes and ovaries does not provide 100 percent protection. (Peritoneal carcinoma has been reported in some cases after a bilateral salpingo-oophorectomy.)

Dilation and Curettage

Dilation and Curettage (D&C) is not routinely reimbursable with a tubal transection performed by any method. Gynecological authorities do not support the performance of a D&C as a routine part of tubal transection.

If there is a specific clinical indication for separate and additional performance of the D&C, bill with modifier 51 in addition to the transection procedure with modifier AG and include clinical justification.

Billing Diagnostic and/or Therapeutic Service

CPT code 58120 is used for non-obstetrical D&C as a diagnostic and/or therapeutic procedure. This procedure is ordinarily performed to obtain endometrial tissue for pathological diagnosis or to stop abnormal uterine bleeding. A sharp curette and possibly small polyp forceps are generally used.

Cervical Conization: Assistant Surgeon Services Not a Benefit

Assistant surgeon services in conjunction with conization of the cervix (CPT code 57520) are not benefits, and claims billing these services will be denied.

Cervical Cauterization: Assistant Surgeon and Anesthesia Services Not a Benefit

Assistant surgeon and anesthesia services in conjunction with laser ablation cauterization (CPT code 57513) or electro or thermal cauterization (CPT code 57510) of the cervix are not benefits. Claims for these services will be denied.

Gender Override

«Instructions for overriding gender differences for procedures are in the *Transgender and Gender Diverse Services* section in the appropriate Part 2 provider manual.»

«Pessary

The following HCPCS codes are reimbursable for pessaries:

Table of Pessary HCPCS Codes

Code	Description
A4561	Pessary, reusable, rubber, any type
A4562	Pessary, reusable, non rubber, any type
A4564	Pessary, disposable, any type»

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.