Hysterectomy Alphabet Soup

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Agenda - hysterectomy

- Definition
- History
- Interesting facts & figures
- Anatomy
- Abbreviations
- CPT & ICD-9-CM codes
- Useful resources & references

Hysterectomy

- Hysterectomy is the most common operation performed by the gynecologist.
- It is the second most common major surgical procedure done in the United States.
- Only cesarean delivery (section) is more common.
Definition of Hysterectomy


Hysterectomy – Removal of the uterus; unless otherwise specified, usually denotes complete removal of the uterus (corpus and cervix).

- **Abdominal h.** – removal of the uterus through an incision in the abdominal wall. SYN abdominohysterectomy, abbreviation - TAH
- **Abdominovaginal h.** – a combined vaginal and abdominal surgical dissection that allows partial or complete removal of vagina, vulva, rectum, and perineum (abdominoperineal approach) as well as pelvic organs; usually done in cases of advanced pelvic cancer.
- **Cesarean h.** – cesarean section followed by h. SYN Porro h.
- **Laparoscopic-assisted vaginal h.** – vaginal h. in which the ovarian pedicle, broad ligament, and uterosacral ligaments are surgically severed using laparoscopic instruments and the procedure completed through a colpotomy (vaginal incision) done in the typical fashion. Abbreviation - LAVH
- **Modified radical hysterectomy** – an extended h. in which a portion of the upper vagina is removed; the ureters are exposed and pulled back laterally without dissection from the ureteral bed. SYN TeLinde operation
- **Porro hysterectomy** – SYN cesarean hysterectomy
- **Radical hysterectomy** – complete removal of the uterus, upper vagina and parametrium
- **Subtotal hysterectomy** – SYN supracervical hysterectomy, partial hysterectomy
- **Supracervical hysterectomy** – removal of the fundus of the uterus, leaving the cervix in situ. SYN subtotal or partial hysterectomy
- **Vaginal hysterectomy** – removal of the uterus through the vagina without incising the wall of the abdomen. SYN colpohysterectomy, vagino-hysterectomy. Total Vaginal Hysterectomy or TVH

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History

• The first vaginal hysterectomy performed in the United States was in 1829 by John Collins Warren at Harvard University. (However, the patient expired on the fourth postoperative day.)

• By the late 19th century, techniques for vaginal hysterectomy were systematically studied and developed by Czerny, Billroth, Mikulicz, Schroeder, Kocher, Teuffel, and Spencer Wells.

History

• The earliest abdominal hysterectomy attempts usually involved uterine leiomyomas (fibroids) that had been misdiagnosed as ovarian cysts.

• In the early 19th century laparotomy for ovarian cysts was still considered dangerous, abdominal hysterectomy for any reason was considered impossible to accomplish successfully.
History

• In the early decades of the 20th century, hysterectomy became more commonly used as a treatment for gynecologic disease and symptoms.
• Estrogen and progesterone were not discovered until the late 1920s and early 1930s.

Historical Perspective

“The ease with which the average hysterectomy may be done has proven both a blessing and a curse to womankind. There is no doubt that a hysterectomy done with proper indications may restore a woman to health and even save her life. However, in the practice of gynecology, one has ample opportunity to observe countless women who have been advised to have hysterectomies without proper indications…I am inclined to believe that the greatest single factor in promoting unnecessary hysterectomies is a lack of understanding of gynecologic pathology. The greatest need today among those who are performing pelvic surgery is a better knowledge of gynecologic pathology.”

Richard W. TeLinde, professor of gynecology, Johns Hopkins University (definitive textbook, first published in 1946)
Hysterectomy facts & figures

• Hysterectomy is the second most common major surgery among reproductive-aged women, after cesarean delivery.

• According to the National Center for Health Statistics, there were approximately 617,000 hysterectomies performed in 2004.

• Approximately 600,000 hysterectomies are performed annually in the United States.

• Approximately 20 million U.S. women have had a hysterectomy.

Hysterectomy facts & figures

• From 1994 through 1999 an estimated 3,525,237 hysterectomies were performed among U.S. women aged ≥ 15 years.

• The overall hysterectomy rate for U.S. female residents was 5.5 per 1,000 women.

• Women aged 40-44 years had a significantly higher hysterectomy rate compared with any other age group. (During the time period above, 52% of all hysterectomies were performed among women aged ≤44 years.)
Hysterectomy facts & figures

• The proportion of all vaginal hysterectomies (TVH) with concomitant bilateral oophorectomies (BSO) that were assisted by laparoscopy (LAVH, BSO) increased significantly from 20.4% in 1994 to 42.5% in 1999.
• More than half (55%) of all hysterectomies included bilateral oophorectomy (BSO).

Anatomy

• Why should a coder know anatomy?
• **Speak the language**, it is required for both CPT and ICD-9-CM.
• To be able to converse with medical personnel and providers, patients, other coders and payers.
• ICD-10 will be even more site-specific.
• To be able to code accurately.
• To be able to use modifiers correctly.
Anatomy – why know it?

- Knowing anatomy and accurate coding
- Correct codes (proper use of anatomical terms and selection of codes) provide reliable information.
- Inaccurate coding can skew clinical data.
- Correct codes help support medical necessity.
- **The bottom line – it can affect your bottom line.**

Genital/Reproductive

The female genital or reproductive system consists of external and internal genitalia. The external genitalia includes the vulva (labia majora and labia minora), mons pubis, clitoris, fourchet, vestibule, vestibular bulb, introitus, hymen, Bartholin’s glands, and the perineum. The internal genitalia include the vagina, uterus, fallopian tubes, and ovaries. The female genital system produces female hormones and provides an environment for the development and birth of a baby.

**Vagina**

The vagina forms a canal (sometimes called the birth canal) from the vaginal orifice through the vestibule to the uterine cervix. It is an elastic tube that is about three inches long that expands during childbirth.

**Uterus**

The uterus is a pear-shaped, hollow organ that opens into the vagina. It is commonly called the womb and holds the fertilized ovum as it develops during pregnancy. The uterus is broken into two main sections: the corpus or the main body of the uterus; and the lower, narrow neck is known as the cervix. There are three layers of tissue that make up the uterus: the perimetrium is the outer layer and is made up of connective tissue; the myometrium is the thick, muscular middle layer that contracts during labor; and the endometrium is the inner layer and is made up of epithelial cells.
Genital/Reproductive

Fallopian Tubes
The fallopian tubes are a pair of ducts that open at one end into the uterus and at the other end over the ovaries. They serve as a passageway for the ovum (egg) to travel to the uterus and through which sperm travels toward the ovary.

Ovaries
The ovaries are almond-shaped organs that lie on either side of the uterus. They are glands that produce hormones, the ovum, and reproductive cells. Several ligaments support the ovaries. The ovaries and the fallopian tubes are collectively known as the adnexa.

Anatomy – side view

A. OVARIES
1. The ovaries are almond shaped, about 1 to 2 inches long, 1 inch wide and 1/2 inch thick
2. The ovaries are located on either side of the uterus, they share blood supply with the fallopian tubes
3. Each ovary contains about 250,000 eggs at birth, each ovary taking turns releasing an egg each month after menarche and before menopause
4. At birth, a woman has all the eggs she will ever have

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Anatomy – uterine tubes

FALLOPIAN TUBES: (or just “tubes”)
1. The fallopian tubes are also called oviducts or “tubes”
2. The fallopian tube leads from the uterine cavity to the abdominal cavity, opening near the ovaries
3. During ovulation, the open end of the tube (the fimbria) is near the ovary
4. Fertilization of an egg by a sperm occurs in the tube

Anatomy – corpus & cervix

- The opening of the cervix is the “os.”
Uterus or Womb

UTERUS: (corpus & cervix)
1. The uterus is about the size of a fist, shaped like an upside-down pear
2. The cavity of the uterus is small, almost collapsed, lined by the endometrium
3. Each monthly cycle prepares the endometrium to accept a fertilized egg when pregnancy occurs

Cervix

CERVIX:
1. The cervix is the lower part of the uterus that protrudes into the vagina
2. The cervix contains nerve endings that respond mainly to stretch such as dilation in labor, or with a D&C
3. Some say only “stretch” causes pain in the cervix – this is debatable
Anatomy – front view

Anatomy – side view
Indications for Hysterectomy
Benign Disease

- Abnormal bleeding (AUB)
- Leiomyoma (fibroids)
- Adenomyosis
- Pelvic organ prolapse
- Pelvic inflammatory disease (PID)
- Pregnancy related conditions
- Miscellaneous

- 626.X, 627.X, 628.X
- 218.X submucous, subserous, etc
- 617.X (internal)
- 618.0X Genital prolapse
- 614.X Inflam. Dis. Of ovary, tube, pelvic cellular, & per
- 640.X, 641.X includes previa, abruption, 665.X rupture of uterus

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ICD-9-CM Codes Effective October 1, 2009

- Endometrial hyperplasia
  1. 621.34, benign endometrial hyperplasia
  2. 621.35 endometrial intraepithelial neoplasia (EIN)

Indications for Hysterectomy

Malignant Disease

- Cervical intraepithelial neoplasm (CIN I-III)
- Invasive cervical cancer
- Endometrial cancer
- Ovarian cancer
- Fallopian tube cancer
- Gestational trophoblastic tumors (GTN, “mole”)

- CIN III 233.1
- CIN II 622.12
- CIN I 622.11
- 182.X
- 183.0
- 183.2
- 630
- 236.1
Hysterectomy Alphabet Soup

- **TAH**  Total Abdominal Hysterectomy  58150-58152
- **TVH**  Total Vaginal Hysterectomy  58260-58270, 58290-58294
- **Porro H.**  Cesarean Hysterectomy  +59525
- **LAVH**  Laparoscopically Assisted Vaginal Hysterectomy  58550-58554
- **TLH, LH**  Total Laparoscopic Hysterectomy  58570-58578
- **LSH**  Laparoscopic Supracervical H.  58541-58544
- **Radical H.**  58548(Laparoscopic), 58200-58240(Abdominal), 58275-58285(vaginal)
- **Others:**
  - Subtotal H. - synonym - supracervical hysterectomy
  - Partial H. - synonym – supracervical hysterectomy
  - Complete, incomplete
  - Modified Radical Hysterectomy

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Total Abdominal Hysterectomy

**TAH  58150-58152**

- **58150**  Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
- **58152**  with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)

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Total Abdominal Hysterectomy
TAH 58150-58152

Total Vaginal Hysterectomy
TVH 58260-58270, 58290-58294

- **58260** Vaginal hysterectomy, for uterus 250g or less
- **58262** with removal of tube(s), and/or ovary(s)
- **58263** with removal of tube(s), and/or ovary(s), with repair of enterocele
- **58267** with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
- **58270** with repair of enterocele

cont’d.
Total Vaginal Hysterectomy
TVH 58260-58270, 58290-58294 cont’d.

• **58290** Vaginal hysterectomy, for uterus greater than 250g;
  
• **58291** with removal of tube(s) and/or ovary(s)
  
• **58292** with removal of tube(s) and/or ovary(s), with repair of enterocele
  
• **58293** with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
  
• **58294** with repair of enterocele

Vaginal hysterectomy - anatomy
Cesarean Hysterectomy

“C-hyst.,” “Cesarean-hysterectomy,” Porro h. +59525

• +59525 Subtotal or total hysterectomy after cesarean delivery (list separately in addition to code for primary procedure)
  
  (Use 59525 in conjunction with 59510, 59514, 59515, 59618, 59620, 59622)
  
  (For extraperitoneal cesarean section, or cesarean section with subtotal or total hysterectomy, see 59510, 59515, 59525)

Laparoscopically Assisted Vaginal Hysterectomy (LAVH) 58550-58554

• 58550 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250g or less;
• 58552 with removal of tube(s) and/or ovary(s)
• 58553 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250g;
• 58554 with removal of tube(s) and/or ovary(s)

Note:

Code set is subdivided by into uteri less than or greater than 250 grams and with or without removal of tube(s) and/or ovary(s)
Laparoscopically Assisted Vaginal Hysterectomy (LAVH) 58550-58554

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- **TAH**  
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  58550-58554

- **TLH, LH**  
  Total Laparoscopic Hysterectomy  
  58570-58578

- **LSH**  
  Laparoscopic Supracervical H.  
  58541-58544

- **Radical H.**  
  58548(Laparoscopic), 58200-58240(Abdominal),  
  » 58275-58285(vaginal)

- **Others:**  
  - Subtotal H. - synonym - supracervical hysterectomy  
  - Partial H. – synonym – supracervical hysterectomy  
  - Complete, incomplete  
  - Modified Radical Hysterectomy

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Total Laparoscopic Hysterectomy
TLH, codes 58570-58573

- Four codes, 58570-58573, were established to describe total laparoscopic hysterectomy procedures.
- Total laparoscopic hysterectomy includes detaching the entire uterine cervix and body from their surrounding support structures and suturing the vaginal cuff.
- In the laparoscopic hysterectomy codes that were previously in the CPT book, a laparoscopic approach is used to detach the organs from their supporting structures, but the tissue is removed vaginally.
- In the these codes, no tissue is removed vaginally.

Note:
Code set is subdivided by into uteri less than or greater than 250 grams and with or without removal of tube(s) and/or ovary(s)

Total Laparoscopic Hysterectomy
LH, TLH 58570-58578

- 58570 Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less;
- 58571 with removal of tube(s) and/or ovary(s)
- 58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g;
- 58573 with removal of tube(s) and/or ovary(s)
- 58578 Unlisted laparoscopy procedure, uterus

Note:
Code set is subdivided by into uteri less than or greater than 250 grams and with or without removal of tube(s) and/or ovary(s)
Operative report

• Preoperative diagnosis: Stress urinary incontinence
• Postoperative diagnosis: SUI
• Operation: LAVH, laparoscopic Burch repair
• EBL – 100cc
• Surgeon: Dr. Knife
• Assistant: Dr. Healthy
• Procedure: “The patient was taken to the O.R., she was placed on the operating table…”

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Operative report – cont’d.

• “…following this portion of the procedure, the tubes and ovaries were inspected carefully. They were found to normal and were left intact. At this point, the…”

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Operative report – cont’d

• “…following removal of the uterus, the specimen was passed to a surgical assistant. The uterus was weighed by the assistant and was noted to be 190 gm. The pelvis was irrigated with saline, and hemostasis was checked and found to be good…”

How did you code it?

Because the uterus weighed less than 250gm, the code for the hysterectomy is:

58550 (Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 grams or less) is reported.
How did you code it?

• The laparoscopic Burch repair is recorded with:
  • 51990 51 (Laparoscopy, surgical; urethral suspension for stress incontinence).
• As a second procedure, note the 51 modifier added to the code.
• The diagnosis code (ICD-9-CM) applied in this case is 625.6 (Stress incontinence, female)

Laparoscopic Supracervical Hysterectomy
LSH 58541-58544

• 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250g or less;
• 58542 with removal of tube(s) and/or ovary(s)
• 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250g;
• 58544 with removal of tube(s) and/or ovary(s)

Note:
Code set is subdivided by into uteri less than or greater than 250 grams and with or without removal of tube(s) and/or ovary(s)
Operative report

- Preoperative diagnosis: endometriosis of the wall of the uterus
- Postoperative diagnosis: Same
- Operation: supracervical hysterectomy
- Surgeon: Icancut, M.D.
- Assistant: Busybody, M.D.
- EBL – 150cc
- Procedure: “The patient was taken to the O.R. and placed on the operating table…”
Operative report - continued

• “Following a betadine prep and sterile draping in the usual fashion, a horizontal incision was made in the lower abdomen just above the pubic hairline. This incision was carried through the subcutaneous tissue, fat and fascia. The peritoneum was raised up and incised with care being taken to avoid underlying structures and the abdomen was entered…”

Supravascular Hysterectomy
Statement from ACOG

• “Supravascular hysterectomy, a surgical technique that removes the uterus while leaving the cervix intact, does not have clear benefits over total hysterectomy in women with non-cancerous disease and should not be recommended as a superior technique…”
• “Current research does not show significant improvements in post-surgical outcomes for supravascular hysterectomy when compared with hysterectomies that remove both the uterus and the cervix.”
• “Women Who choose the supravascular procedure are also at an increased risk for future problems with the retained cervix and may require additional surgery.”
Supracervical Hysterectomy
Statement from ACOG

• “There has been renewed interest in supracervical hysterectomy as a way to reduce operative complications and reduce the effects of hysterectomy on urinary and sexual function. Unfortunately, these possible benefits are not supported by recent evidence.”

Denise J. Jamieson, MD, chair of ACOG’s Committee on Gynecologic Practice

Radical Hysterectomy
Laparoscopic 58548, Abdominal 58200-58240, Vaginal 58275-58285

Laparoscopic radical hysterectomy with pelvic lymphadenectomy 58458
• 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
Radical Hysterectomy

Laparoscopic 58548, Abdominal 58200-58240, Vaginal 58275-58285

Vaginal 58275-58285

- **58275** Vaginal hysterectomy, with total or partial vaginectomy;
- **58280** with repair of enterocele
- **58285** Vaginal hysterectomy, radical (Shauta type operation)

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ICD-9-CM codes in OB/GYN

ICD-9-CM codes:

**629.82** Acquired absence of both uterus and cervix

**629.83** Acquired absence of uterus, with remaining cervical stump

**629.84** Acquired absence of cervix with remaining uterus

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- Complete, incomplete
- Modified Radical Hysterectomy
Coding Resources

Bibliography and Coding Resources:

• **ICD-9-CM** International Classification of Diseases 9th & 10th Revisions Clinical Modification, various vendors including ACOG

• **AMA’s CPT 2010 Standard Edition**, available through various vendors, including ACOG

• **ICD-9 CM Abridged Diagnostic Coding in OB and GYN – 2009** (ACOG) This book provides an introduction to the basics of ICD-9-CM diagnostic coding and to the new codes.

• **Frequently Asked Questions in Obstetric and Gynecologic Coding** Third edition published in 2007, includes over 100 often-asked coding questions from ACOG Fellows over the past few years and answers from the ACOG Committee on Coding and Nomenclature

• **The Essential Guide to Coding in Obstetrics and Gynecology** 2nd Ed. ACOG, Copyright 2004.

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Coding Resources

• **CPT Coding in Obstetrics and Gynecology – 2009** This booklet provides an introduction to the basics of CPT-4 procedural coding and to the new codes for 2008. It is updated every other year.


• All of the above resources are available through ACOG, can be ordered online at [www.acog.org](http://www.acog.org) or calling 1-800-762-2264

• ACOG Fellows can submit specific questions by e-mailing Terry Tropin (ttropin@acog.org) or Savonne Alford (alford@acog.org). Fellows can also submit questions, FAXED to 1-202-484-7480.

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Coding Resources

• Web sites:
  • www.acog.org
  • www.cms.gov (Centers for Medicare and Medicaid Services)
  • www.ama-assn.org/ama/pub/category/3113.html (this is an AMA CPT reference site)
  • www.webmed.com
  • www.MedicineNet.com

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