

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201229

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Coverage of medically necessary hysterectomies requires proper documentation

Per 405 IAC 5-28-9, the Indiana Health Coverage Programs (IHCP) provides coverage for a medically necessary hysterectomy performed to treat an illness or injury **only** when the member has given informed consent and prior authorization (PA) has been obtained.

Effective for dates of service on or after September 1, 2012, the procedure codes in the table on the next page will be added to the list of hysterectomy codes requiring PA.

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Hysterectomy codes requiring PA effective for dates of service on or after September 1, 2012

Procedure code	Description
45126	Pelvic exenteration for colorectal malignancy, with proctectomy [with or without colostomy], with removal of bladder and ureteral transplantsations, and/or hysterectomy, or cervicectomy, with or without removal of tube[s], with or without removal of ovary[s], or any combination thereof
51925	Closure of vesicouterine fistula; with hysterectomy
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantsations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
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(s)
58240	Pelvic exenteration for gynecologic malignancy, with total hysterectomy or cervicectomy, w/ removal of bladder
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; 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
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58951	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking

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Hysterectomy codes requiring PA effective for dates of service on or after September 1, 2012

Procedure code	Description
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

Requirements for informed consent documentation

To document informed consent, the IHCP requires that all claims for hysterectomy procedure codes be submitted with the member's acknowledgement of receipt of hysterectomy information. While no specific format is mandated for the acknowledgement, an example that includes the information necessary to satisfy documentation requirements can be found in [Chapter 8](#) of the *IHCP Provider Manual*.

All providers must attach a photocopy of the properly completed acknowledgement to their paper claim form or send it separately as an attachment to the electronic claim transaction. These requirements apply to all providers, including attending physicians and surgeons, assistant surgeons, anesthesiologists, inpatient and outpatient hospital facilities, or other providers of directly related services. Claims that do not include proper documentation will be denied. Please refer to [Chapter 8](#) of the *IHCP Provider Manual* at indianamedicaid.com for additional hysterectomy codes and billing instructions.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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