OBGYN Outpatient Surgery Coding
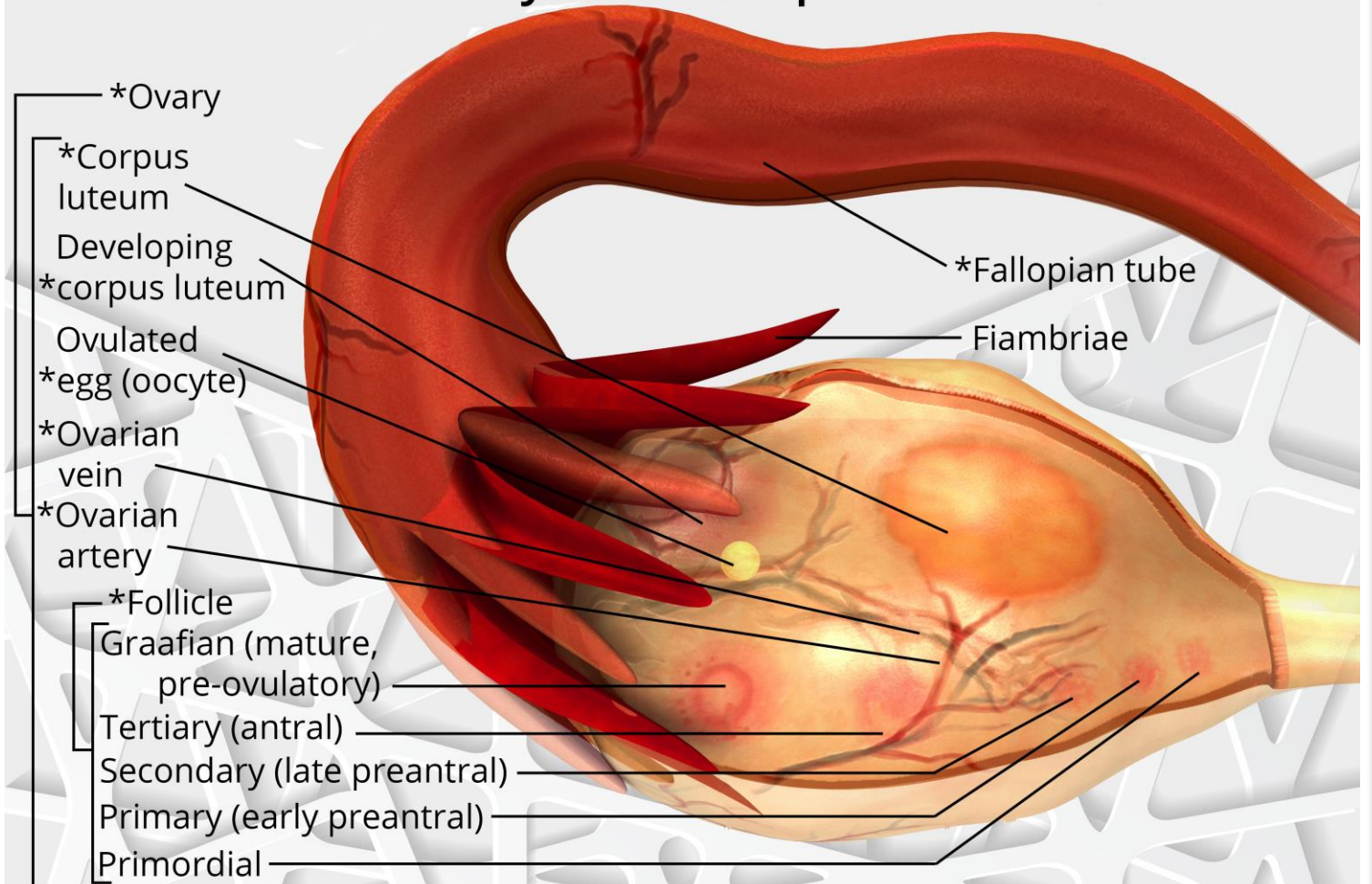
Anatomy

*Uterus (*corpus uteri, *cervix uteri) and *uterine adnexa

*Fundus uteri
*Endometrium
*Myometrium
*Isthmus uteri (inner curve)
*Corpus uteri
*Fallopian tube
Fiambriae
*Ovary
*Broad ligament
Fornix
*Endocervix
*Exocervix
*Cervix uteri
Cervical canal
*Round ligament
Uterosacral ligament
*Uterus
*Vagina
*Uterine adnexa

© 2018 Find-A-Code LLC all rights reserved
visit www.findacode.com for more information

FIND-A-CODE

*Asterisk terms are ICD-10-CM terminology.
Non-asterisk terms are common terminology.
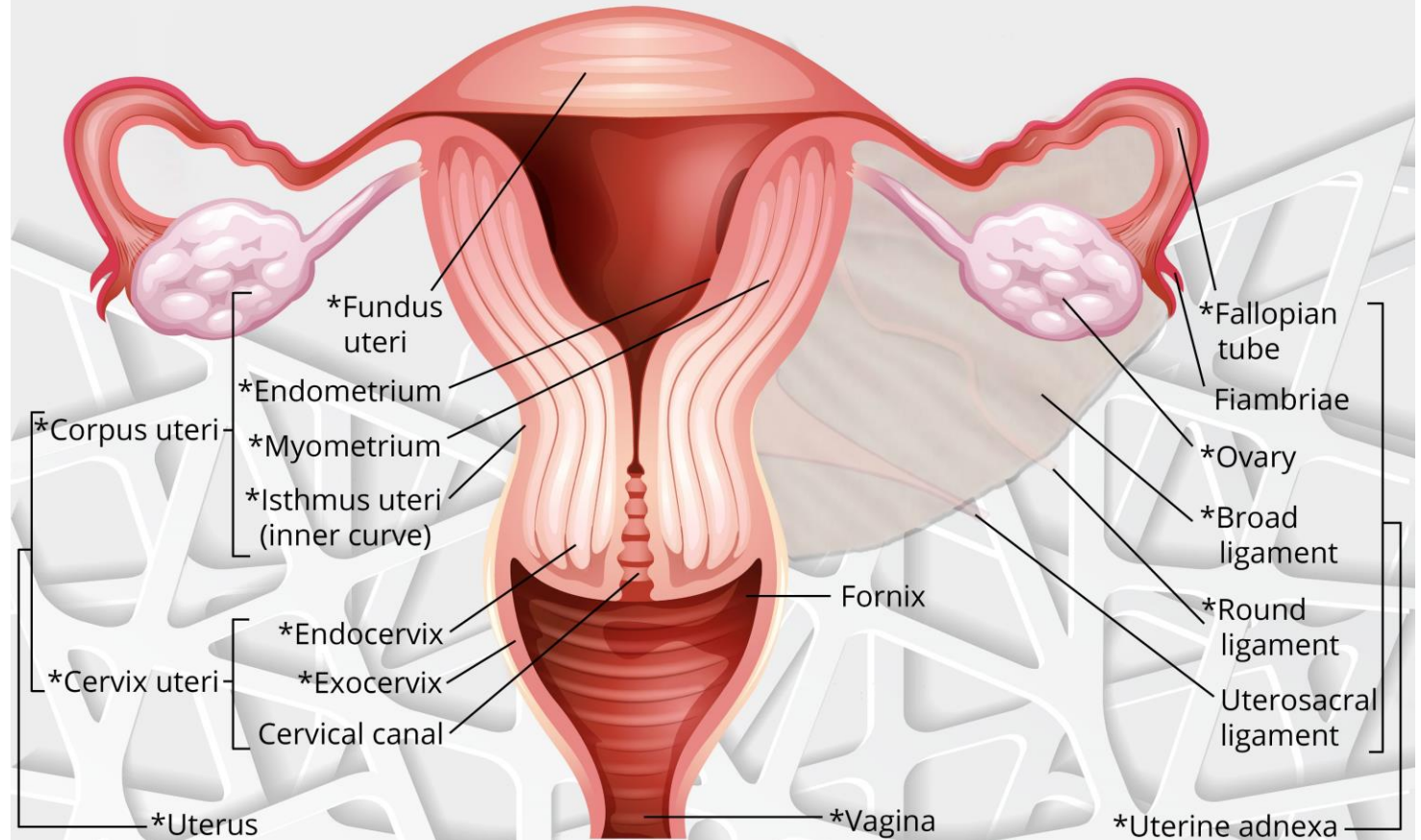
Terminology

- Hyster/o – uterus, womb
- Uter/o – uterus, womb
- Metr/o – uterus, womb
- Salping/o – tube, usually fallopian tube
- Oophor/o – ovary
- Ovari/o - ovary
- Colpo – vagina
- Cervic/o – cervix, lower part of the uterus, the "neck"
- Episi/o – vulva
- Vulv/o – vulva
- Perine/o – the space between the anus and vulva

Hysterectomy

- A hysterectomy is an operation to remove a woman's uterus.
- A woman may have a hysterectomy for different reasons, including:
  - Uterine fibroids that cause pain
  - bleeding, or other problems.
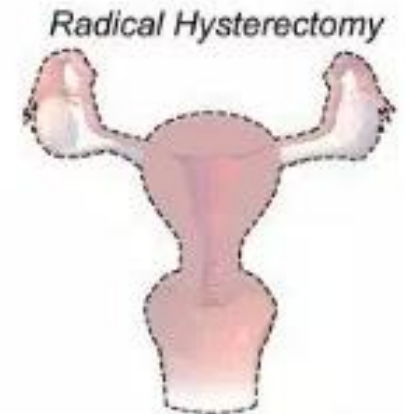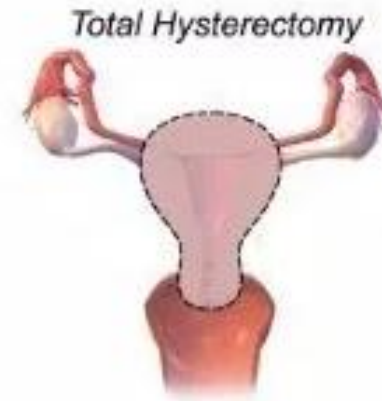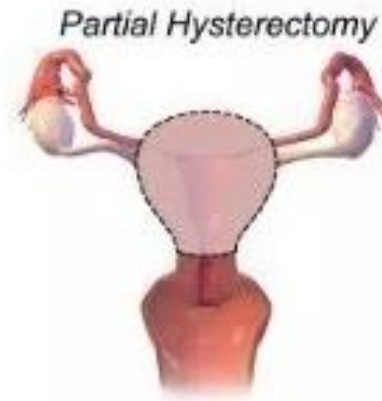 - Uterine prolapse, which is a sliding of the uterus from its normal position into the vaginal canal.
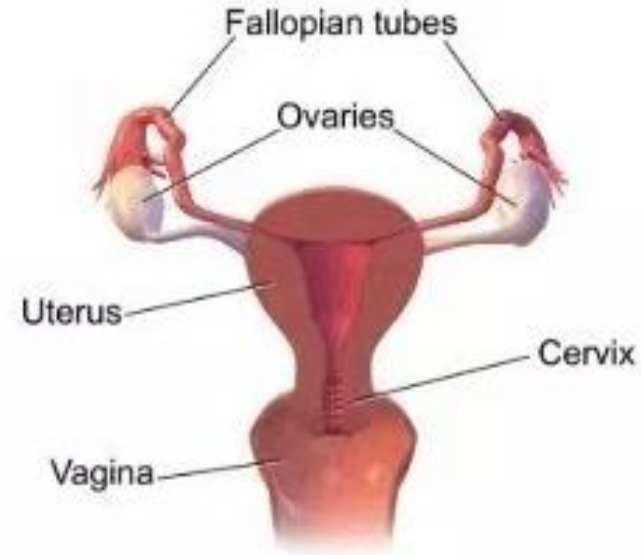
TABLE 1. Presurgical Reasons for Hysterectomy and Oophorectomy

Presurgical Reason	Frequency n (%)*	Rank Order of Importance
Medical-related concerns		
Preventative	79 (59)	1
Preexisting medical problems	35 (26)	3
Tumors, cysts, fibroids	20 (15)	
Endometriosis	9 (7)	
Cancer/Precancer	4 (3)	
Other preexisting medical condition not otherwise specified (general Pain, PMS)	7 (6)	
Stop extreme bleeding & cramping	29 (22)	5
Other	25 (19)	
Birth control	1 (<1)	11
Gender or transition-related concerns		
Feelings of incongruence	76 (57)	2
Further physical masculinization	63 (47)	9
To become legally male on official documents	57 (43)	4
Avoid future gynecological appointments	49 (37)	10
Stop normal menstruation	37 (28)	7
Planned co-occurring gender confirming surgery	29 (22)	6
To stop posttestosterone cramping	27 (20)	8
To lower post-surgery Testosterone levels	20 (15)	

*Totals do not equal 100% because respondents were allowed to select more than one reason.

Hysterectomy

- There are around 30 hysterectomy CPT codes.
- To find the correct code you have to first check:
  - the surgical approach and
  - extent of the procedure.

Fallopian tubes
Ovaries
Uterus
Cervix
Vagina

Partial Hysterectomy   Total Hysterectomy   Radical Hysterectomy

Types of Hysterectomy

Surgical Approaches

- Abdominal – the uterus is removed via an incision in the lower abdomen
- Vaginal – the uterus is removed via an incision in the vagina
- Laparoscopic – the procedure is performed using a laparoscope , inserted via several small incisions in the body.
- Their are also CPT codes for laparoscopic-assisted vaginal approach. In this procedure ,the scope is inserted via a small incisions in the vagina.

Extent of Procedure

- Total hysterectomy: It includes laparoscopically detaching the entire uterine cervix and body from the surrounding supporting structures and suturing the vaginal cuff. It includes bivalving, coring, or morcellating the excised tissues, as required. The uterus is then removed through the vagina or abdomen.
- Subtotal, partial or supracervical hysterectomy: It is the removal of the fundus or op portion of the uterus only, leaving the cervix in place.

Extent of Procedure

- Radical hysterectomy: It includes the removal of the entire uterus and nearby tissue, the cervix and the top par to the vagina.
- Laparoscopy Assisted Vaginal Hysterectomy (LAVH): It includes laparoscopically detaching the uterine body from the surrounding upper supporting structures. The vaginal portion of the procedure is then performed. The vaginal apex is entered and the cervix and uterus are detached from the remaining supporting structures. The uterus is then removed through the vagina.

Data to Support the Service

- For coding Laparoscopic hysterectomy, the documentation should state the weight of the uterus before it is sent to pathology.
  - It is a procedure coded based on the size of the uterus and method used to complete the procedure.
- Below are the list of CPT code used for different hysterectomy services:
  - Vaginal: 58260-58294
  - Laparoscopic-assisted, vaginal (LAVH): 58550-58554
  - Laparoscopic: 58541-58544, 58570-58573, 58575
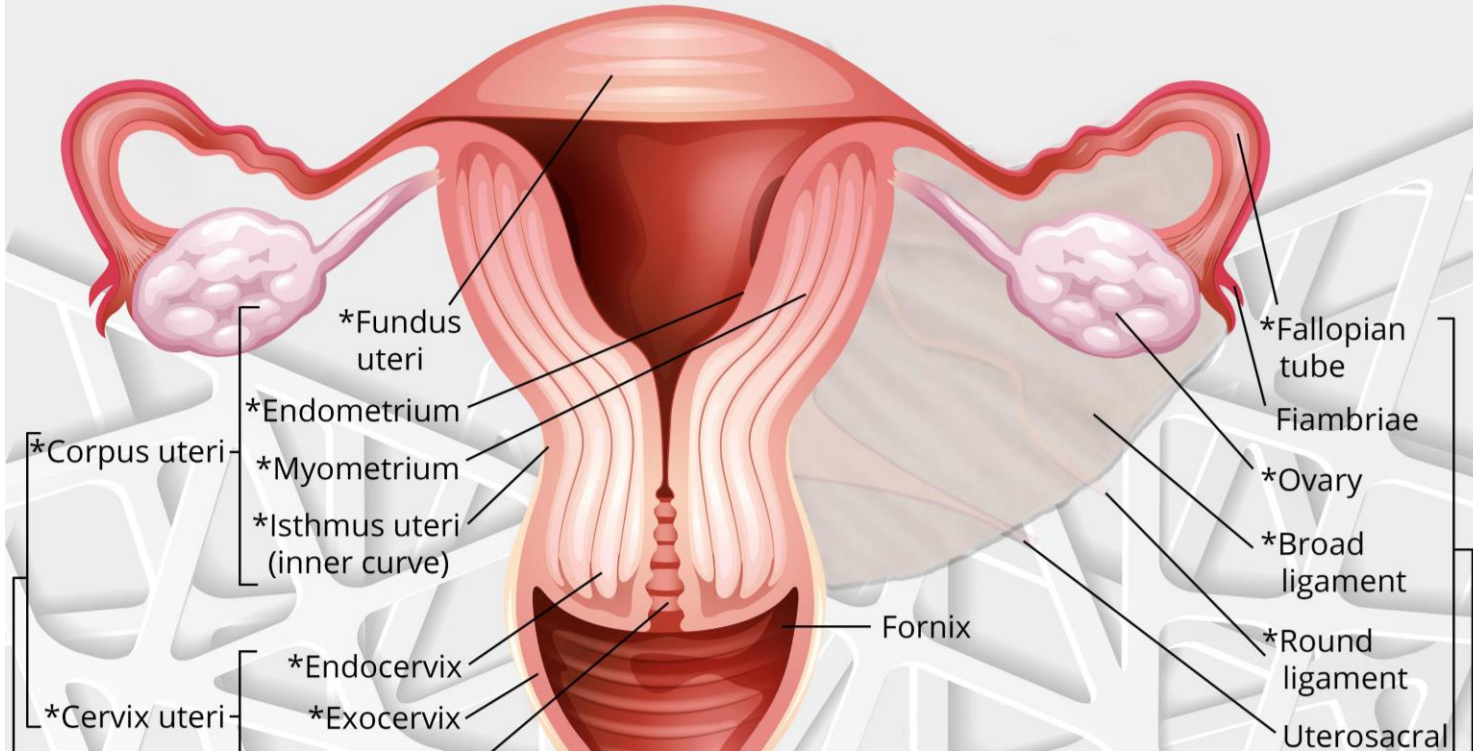
Data to Support the Service

- While coding the above CPT codes for hysterectomy, the coders should also check the other services done at the same time along with the main procedure .
- For example, the total hysterectomy CPT code 58575, the procedure covers lot of other services like tumor debulking, omentectomy (removal of the omentum, part of the membrane lining the abdominal cavity), and salpingo-oophorectomy (removal of the fallopian tubes and ovaries).

Data to Support the Service

- The additional procedures performed during the same session such as salpingo-oophorectomy, pelvic floor repairs, or mid-urethral slings, are bundled into the hysterectomy code.
- Abdominal and vaginal hysterectomy (58152, 58263-58270, 58292-58294) include pelvic floor repairs to supporting structures that have prolapsed (e.g., weakened and "fallen").

*Uterus (*corpus uteri, *cervix uteri) and *uterine adnexa

*Fundus uteri
*Endometrium
*Corpus uteri
*Myometrium
*Isthmus uteri (inner curve)
*Endocervix
*Cervix uteri
*Exocervix
Fornix
*Fallopian tube
Fiambriae
*Ovary
*Broad ligament
*Round ligament
Uterosacral

58150 - Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

Hysterectomy

Hysterectomy

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

Hysterectomy

58180 - Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)

Hysterectomy

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 ovary(s)

Hysterectomy

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)

Hysterectomy

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(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof

- **Exenteration** - is a salvage procedure performed for centrally recurrent gynecologic cancers. To a greater or lesser degree, the procedure involves en bloc resection of all pelvic structures, including the uterus, cervix, vagina, bladder, and rectum.

Hysterectomy

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

Hysterectomy

- 58270 - Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
- 58275 - Vaginal hysterectomy, with total or partial vaginectomy;
- 58280 - Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
- 58285 - Vaginal hysterectomy, radical (Schauta-type operation)
- 58290 - Vaginal hysterectomy, for uterus greater than 250 g;
- 58291 - Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

Hysterectomy

- 58292 - Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele

- 58293 - Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control

- 58294 - Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele

Laparoscopic Hysterectomy

- 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)
- 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

Laparoscopic Hysterectomy

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

Laparoscopic Hysterectomy

- In CPT 2008, the AMA published the total laparoscopic hysterectomy (TLH) set of codes (58570-58573).
- This, in addition to the laparoscopic radical hysterectomy with pelvic lymphadenectomy code (58548), is the third set of CPT codes addressing the laparoscopic approach to hysterectomy.
- The other CPT code sets are:
  - laparoscopy with vaginal hysterectomy (LAVH) (58550-58554) and
  - laparoscopic supracervical hysterectomy (LSH) (58541–58544) code sets.
- Each of the code sets are subdivided into uteri less than or greater than 250 grams and with or without removal of tube(s) and/or ovary(s).

Laparoscopic Hysterectomy

- **Total laparoscopic hysterectomy (TLH)**
  - Laparoscopically detaching the entire uterine cervix and body from the surrounding supporting structures and suturing the vaginal cuff.
  - It includes bivalving, coring, or morcellating the excised tissues, as required.
  - The uterus is then removed through the vagina or abdomen.

Laparoscopic Hysterectomy

- Laparoscopy with vaginal hysterectomy (LAVH)
  - Laparoscopically detaching the uterine body from the surrounding upper supporting structures.
  - The vaginal portion of the procedure is then performed.
  - The vaginal apex is entered and the cervix and uterus are detached from the remaining supporting structures.
  - The uterus is then removed through the vagina.

Hysterectomy

Total Laparoscopic Hysterectomy (TLH) (Effective Jan. 1, 2008)

CPT Codes	Uterine Size	Tubes and/or ovaries	Removal of cervix	Approach to removal	Route of removal
58570	≤ 250 grams	No	Yes	Detachment of entire uterine cervix and body via the laparoscope	Tissues are removed through the abdomen or vagina
58571	≤ 250 grams	Yes	Yes	Detachment of entire uterine cervix and body via the laparoscope	Tissues are removed through the abdomen or vagina
58572	> 250 grams	No	Yes	Detachment of entire uterine cervix and body via the laparoscope	Tissues are removed through the abdomen or vagina
58573	> 250 grams	Yes	Yes	Detachment of entire uterine cervix and body via the laparoscope	Tissues are removed through the abdomen or vagina

Hysterectomy

Laparoscopic Assisted Vaginal Hysterectomy (LAVH)

CPT Codes	Uterine Size	Tubes and/or ovaries	Removal of cervix	Approach to removal	Route of removal
58550	≤ 250 grams	No	Yes	Detachment of entire uterine cervix and body via the laparoscope and vagina	Tissues are removed through the vagina
58552	≤ 250 grams	Yes	Yes	Detachment of entire uterine cervix and body via the laparoscope and vagina	Tissues are removed through the vagina
58553	> 250 grams	No	Yes	Detachment of entire uterine cervix and body via the laparoscope and vagina	Tissues are removed through the vagina
58554	> 250 grams	Yes	Yes	Detachment of entire uterine cervix and body via the laparoscope and vagina	Tissues are removed through the vagina

Hysterectomy

Laparoscopic Supracervical Hysterectomy (LSH)

CPT Codes	Uterine Size	Tubes and/or ovaries	Removal of cervix	Approach to removal	Route of removal
58541	≤ 250 grams	No	No	Detachment of uterus from the cervix and surrounding tissue laparoscopically	Tissues are removed through the abdomen
58542	≤ 250 grams	Yes	No	Detachment of uterus from the cervix and surrounding tissue laparoscopically	Tissues are removed through the abdomen
58543	> 250 grams	No	No	Detachment of uterus from the cervix and surrounding tissue laparoscopically	Tissues are removed through the abdomen
58544	> 250 grams	Yes	No	Detachment of uterus from the cervix and surrounding tissue laparoscopically	Tissues are removed through the abdomen

Hysterectomy

- AMA provided a new code in 2018 for laparoscopic total hysterectomy for resection of malignancy with omentectomy as follows:
  - 58575 Laparoscopy, surgical, with total hysterectomy for resection of malignancy (tumor debulking) with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed

Hysterectomy

- Code 58674 Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency, was moved from Oviduct/Ovary to the Corpus Uteri section of CPT (ahead of code 58541) and now has a resequenced code designation (#).

Vaginal Repair

- The code descriptions for codes 57240, 57260, and 57265 were revised in 2018 to include the words ("including cystourethroscopy, when performed").

- Parentheticals were added to each code stating that code 52000 Cystourethroscopy may not be reported with any of these codes.

Vaginal Repair

- The repair code descriptions are as follows:
  - 57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed
  - 57260 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed
  - 57265 Combined anteroposterior colporrhaphy; with enterocele repair, including cystourethroscopy, when performed

D&C Case Example

► CC: IUP at 14 weeks with heavy vaginal bleeding for two days. Patient reports taking herbs black cohosh, dong quai, and high doses of ASA to "force miscarriage."

► HPI: The patient is a 32yo G5P3013 at an estimated 14 weeks gestation with history of irregular menses and unknown date of last menstrual period. The patient reports taking a home pregnancy test 4 weeks ago which was positive. She has not yet established prenatal care as this is an undesired pregnancy. The patient presents to the ED with complaints of heavy vaginal bleeding over the last two days after she attempted self abortion of her pregnancy. She took an overdose of aspirin. The patient's vaginal bleeding began 2 days ago where she experienced episodic vaginal hemorrhage with passage of many large blood clots. Today, the patient's vaginal bleeding increased. She began to feel weak, cold and clammy, so she decided to come to the hospital for evaluation. The patient denies any attempts at mechanical vaginal instrumentation. She only admits to overdosing on ASA and herbs. The patient denies any other complaints. Beside ultrasound demonstrates no intrauterine gestational sac. A thickened hyperechoic endometrium with mobile debris extending toward the endocervical canal, suspicious for blood products and abortion in progress in the setting of positive pregnancy test.

► ASSESSMENT:

1. Incomplete abortion

2. Uterine hemorrhage

3. Anemia due to acute blood loss

► PLAN:

Proceed with dilation and curettage

D&C Case Example

- ICD 10 Diagnosis Coding considerations include:
  1. O07.1 Delayed or excessive hemorrhage following failed attempted termination of pregnancy
  2. O04.8 Vaginal Hemorrhage
  3. O20.0 Incomplete Induced Abortion
  4. T39.012A Poisoning from ASA
  5. F55.1 Abuse of Herbal/Folk Remedies
  6. D62 Acute blood loss anemia
  7. Z31.14 14 weeks gestation of pregnancy

D&C Case Example

- CPT-4 Code for consideration:
  - 59812 Dilation and Curettage (Sharp or Suction) Surgical Procedure for Incomplete AB any trimester.

D&C

- In the outpatient encounters, diagnoses may be based on patient's primary presenting signs and symptom, such as abdominal pain, vomiting, or in this case, vaginal hemorrhage.
- Most of the signs and symptom codes that are pregnancy-related are referred to as "O" codes (as in the letter "O").
- These "O" codes take precedence over any other signs/symptoms codes and should be ranked first.
- Additional signs and symptoms code should be reported secondary to the primary "O" code(s).

D&C

- In contrast, in an inpatient setting, the patient's diagnosis codes are usually based on an established diagnosis, rather than symptomatology. So, for instance, a diagnosis of abdominal pain in an outpatient encounter, may become a diagnosis of pyelonephritis in an inpatient encounter.
- Multiple OBED/triage visits may be required before a diagnosis can be established.
- ICD-10cm guidelines allow us to continue to report signs and symptoms over the course of the OB outpatient/ED workup.

D&C

- It is also important to ensure that the gestational age code, (the "Z3A" codes) is always included in your list of diagnoses.
- Insurers may deny a claim based on the omission of this gestational age diagnosis. This may be ranked last.