

# Provider Update



This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com/KS>.

## Procedures that do not require the *Sterilization Consent Form*

**Summary of change:** Effective with dates of service on and after December 1, 2016, surgical procedures which render members sterile (e.g., hysterectomies) but were not performed for the purpose of sterilization will not require a *Sterilization Consent Form*.

### **What this means to you**

All requirements outlined previously in the hysterectomy coverage guidelines policy must be met, including requirements related to the *Hysterectomy Consent Form*. You can access this form online at <https://www.kmap-state-ks.us/public/forms.asp>.

The following procedure codes are considered hysterectomies or services related to the hysterectomy:

| Procedure code | Procedure description                                                                                                                                                                            |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 00846          | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy                                                                                           |
| 00944          | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium; vaginal hysterectomy)                                                                               |
| 01962          | Anesthesia for urgent hysterectomy following delivery                                                                                                                                            |
| 01963          | Anesthesia for Cesarean hysterectomy without any labor analgesia/anesthesia care                                                                                                                 |
| 01969          | Anesthesia for Cesarean hysterectomy following neuraxial labor analgesia/anesthesia (list separately in addition to code for primary procedure performed)                                        |
| 51925          | Closure of vesicouterine fistula with hysterectomy                                                                                                                                               |
| 58150          | Total abdominal hysterectomy (corpus and cervix) with or without removal of tube(s), with or without removal of ovary(s)                                                                         |
| 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)   |
| 58180          | Supracervical abdominal hysterectomy (subtotal) with or without removal of tube(s), with or without removal of ovary(s)                                                                          |
| 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)             |
| 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) |

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| 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 transplantsations and/or abdominoperineal resection of rectum and colon and colostomy or any combination thereof |
| 58260 | Vaginal hysterectomy for uterus 250 grams or less                                                                                                                                                                                                                                                                               |
| 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                                                                                                                                                                                                           |
| 58267 | Vaginal hysterectomy for uterus 250 grams or less with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type), with or without endoscopic control                                                                                                                                                                               |
| 58270 | Vaginal hysterectomy for uterus 250 grams 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 grams                                                                                                                                                                                                                                                                          |
| 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                                                                                                                                                                                                       |
| 58293 | Vaginal hysterectomy for uterus greater than 250 grams with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type), with or without endoscopic control                                                                                                                                                                          |
| 58294 | Vaginal hysterectomy for uterus greater than 250 grams, 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/or ovary(s) if performed                                                                                                                                |
| 58550 | Laparoscopy, surgical, with vaginal hysterectomy for uterus 250 grams or less                                                                                                                                                                                                                                                   |
| 58552 | Laparoscopy, surgical, with vaginal hysterectomy for uterus 250 grams or less, with removal of tube(s) and/or ovary(s)                                                                                                                                                                                                          |

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| 58553 | Laparoscopy, surgical, with vaginal hysterectomy for uterus greater than 250 grams                                                                                                                             |
| 58554 | Laparoscopy, surgical, with vaginal hysterectomy for uterus greater than 250 grams, 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)                                                                                      |
| 58951 | Resection (initial) 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                                                                                            |
| 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, tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach, interstitial, uterine pregnancy requiring total hysterectomy            |
| 59525 | Subtotal or total hysterectomy after Cesarean delivery (list separately in addition to code for primary procedure)                                                                                             |

**What if I need assistance?**

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.