

Subject: Hysterectomy and Radiofrequency Ablation for Uterine Fibroid**Medical Policy #:** 8.9**Original Effective Date:** 05/17/2010**Status:** Reviewed**Last Annual Review Date:** 12/11/2024

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans, or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Hysterectomy is the surgical removal of the uterus and sometimes the cervix. In some cases, the ovaries and fallopian tubes are removed along with the uterus. The type of hysterectomy and the surgical approach will depend on the diagnosis and the individual patient's condition. In all cases, the woman will lose her ability to bear children.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request:

<https://ds.phs.org/preslogin/index.jsp>

For Medicare, Medicaid and Commercial:

Hysterectomies: Presbyterian allows hysterectomies following MCG criteria for all lines of business. Due to contractual requirements, providers do not have access to MCG but may request a copy of the criteria from the Prior Authorization staff.

1. **Laparoscopic Hysterectomy** Presbyterian follows MCG, S-665 Hysterectomy Laparoscopic; and
2. **Vaginal Hysterectomy** Presbyterian follows MCG, S-660 Hysterectomy Vaginal.
3. **Radical vaginal hysterectomy** (Schauta type operation): CPT code (58285) will be reviewed by a Medical Director on a case-by-case basis.

Uterine Fibroid Surgical Treatments (Acessa): PHP follows, MCG A-0718 for Radiofrequency Ablation of Tumor.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Codes for <i>Laparoscopic Hysterectomy</i>
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)
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;

CPT Codes	Codes for <i>Laparoscopic Hysterectomy</i>
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
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)
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed.
For ICD-10 Diagnosis: see MCG, S-665 Laparoscopic Hysterectomy	

CPT Codes	Codes for <i>Vaginal Hysterectomy</i>
58260	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58262	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58263	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58267	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58270	
58275	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58280	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58290	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58291	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58294	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
For ICD-10 Diagnosis: see MCG, S-660 Hysterectomy Vaginal	

CPT Codes	Code for <i>Radical Vaginal Hysterectomy</i>
58285	Vaginal hysterectomy, radical (Schauta type operation)
For ICD-10 Diagnosis: Reviewed on a case-by-case basis, see MCG. S-660 Hysterectomy Vaginal and/or	

CPT Codes	Code for <i>Acessa</i>
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
For ICD-10 Diagnosis: see MCG, A-7018 for RFA	

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Clinton White MD
Senior Medical Director: Jim Romero MD

Date Approved: 12/11/2024

References

1. MCG Health Inpatient & Surgical Care 27th Edition, Hysterectomy, Laparoscopic ORG: S-665 (ISC), last update: 9/21/2023. [Cited 10/23/2023]
2. MCG Health Inpatient & Surgical Care 27th Edition, Hysterectomy, Vaginal. ORG: S-660 (ISC), last update: 9/21/2023. [Cited 10/23/2023]
3. MCG Health Inpatient & Surgical Care 27th Edition, Hysterectomy, Abdominal, ORG: S-650 (ISC), last update 9/21/2023. [Cited 10/23/2023]
4. National Coverage Determination (NCD) for Sterilization ([230.3](#)), Version 1, [Cited 10/23/2023]
5. **Acessa:**
 - a) Hayes, Laparoscopic Radiofrequency Volumetric Thermal Ablation (Acessa System; Halt Medical Inc.) for Treatment of Uterine Fibroids, Health Technology, Feb 13, 2023, [Cited 04/25-2024]
 - b) MCG Radiofrequency Ablation of Tumor A-0718, 28th Edition, Last Update: 03/14/2024. [Cited 04/25/2024]
 - c) ACOG Practice Bulletin, Clinical Management Guidelines for Obstetrician Gynecologists, Management of Symptomatic Uterine Leiomyomas, Number 228 (Replaces Practice Bulletin Number 96, August 2008) JUNE 2021. [Cited 04/26/2024]
 - d) Aetna, Number 0304, Fibroid Treatment, Next Review 03-13-2025. [Cited 05-26-2024]
 - e) Cigna, Ultrasound-guided Radio Frequency Ablations for Uterine Fibroid, Policy# 0602, effective: 06-15-2023, Next review 06-15-2024. [Cited 05-26-2024] [Cited 05-26-2024]

Publication History

05-17-10:	Original effective date
07-28-10:	Revision
05-25-11:	Annual Review and Revision
01-29-14:	Review and update
03-25-15:	Annual Review. MCG accessed. No change.
07-27-16:	Annual Review. MCG accessed 07-18-16. S-665 Hysterectomy Laparoscopic, S-650 Hysterectomy Abdominal, and S-660 Hysterectomy Vaginal last updated 01-28-16. No changes.
01-25-17:	Annual Review. MCG accessed 01/13/17. S-665 Hysterectomy Laparoscopic, S-650 Hysterectomy Abdominal, and S-660 Hysterectomy Vaginal last updated 01/28/16. No changes.
05-22-19:	Annual Review. Reviewed MCG, S-665, S-650 and S-660 remains unchanged. Updated policy with criteria and CPT and ICD-CM codes.
11-18-20	Annual Review. Reviewed on 11-02-20. No change. Continue to follow MCG S-665 Hysterectomy Laparoscopic, S-650 Hysterectomy Abdominal, and S-660 Hysterectomy Vaginal. Continue PA for codes 58200, 58210, 58951, 58953, 58954, and 58956. No PA will continue for 59525.
11-17-21	Annual Review: Reviewed by PHP Medical Policy Committee on 09-29 and 10-08-2021. No change. Continue to follow MCG S-665 Hysterectomy Laparoscopic, S-650 Hysterectomy Abdominal, and S-660 Hysterectomy Vaginal. Continue PA for codes 58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280 (no utilization), 58290, 58291, 58292, 58593 (deleted 01/01/21), 58294 (no utilization), 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, based on 2019 Benchmark that shows between high and average for commercial; and Medicare is between high and average. Code 58293 will be removed from PA grid, since it has been deleted on 01/01/2021. CPT codes: 58285 & 58551 are on the PA grid; not listed in policy; no utilization; and are not listed in MCG: S-665, S-650, and S-660.
11-16-22	Annual Review: Reviewed by PHP Medical Policy Committee on 10/19/2022. For Hysterectomy Laparoscopic: Continue following MCG S-665 and continue PA for codes 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, and 58575. For Abdominal Hysterectomy: Change. Removed the management of Abdominal Hysterectomy from policy which used to follow MCG criteria S-650 and removed the related codes 58150, 58152, 58180, 58200, 58210, 58951, 58953, 58954, 58956, 59525 from policy but will remain listed in PA Dashboard. Of those codes the PA requirement will be removed for (58150, 58152, 58180). For Vaginal Hysterectomy: Continue following MCG S -660 and continue PA requirement for codes 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58294, 58290, 58291, and 58292. Remove deleted or invalid codes 58593 and 58551 from PA grid. Removed code 58548 from policy, it will be managed in MPM 16.10 and continue no PA requirement. Language added to

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

- policy to say, "Vaginal hysterectomy, radical (Schauta type operation), code 58285 will be reviewed on case-by-case basis." This code requires PA.
- 12-13-23 Annual Review: Reviewed by PHP Medical Policy Committee on 10/25/2023.
For Hysterectomy Laparoscopic: Continue following MCG S-665 for ALOB; continue PA for codes 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, and 58575.
For Vaginal Hysterectomy: Continue following MCG S -660 for ALOB; continue PA requirement for codes 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58294, 58290, 58291, and 58292.
For Vaginal hysterectomy radical (Schauta type operation): Continue to review on a case-by-case basis for ALOB; continue PA requirement for code 58285.
 *Continue CY 2022 decision to not manage criteria for Abdominal Hysterectomy and to not list codes (58150, 58152, 58180, 58200, 58210, 58951, 58953, 58954, 58956, and 59525) in policy.
- Updated on 05-22-2024:** Reviewed by PHP Medical Policy Committee on 05/01/2024 to allow coverage for Acessa for ALOB. PHP will follow MCG A-0718 and code 58674 will require PA for ALOB. Acessa System is a radiofrequency ablation for uterine fibroids, which was previously considered investigational due to limited data about the safety in regard to fertility. ACOG says, RFA is a reasonable option to consider for the treatment of symptomatic uterine leiomyomas and patients should be thoroughly counseled about the reproductive outcome. Previous configuration to be updated for CPT code (58674). Title changed from Hysterectomy to Hysterectomy and Radiofrequency Ablation for Uterine Fibroid.
- 12-11-2024 Annual Review: Reviewed by PHP Medical Policy Committee on 11-08-2024. This motion is to continue status quo. PA is stable. MCG (per item) without change in coverage or recommendations for external sources.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.