

Subject: Hysterectomy

Medical Policy #: 8.9

Status: Reviewed

Original Effective Date: 05/17/2010

Last Review Date: 11/16/2022

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, except for Abdominal Hysterectomy. Logon to Pres Online to submit a request:

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

Presbyterian follows MCG, S-665 Hysterectomy Laparoscopic; and S-660 Hysterectomy Vaginal. Due to contractual requirements, providers do not have access to MCG but may request a copy of the criteria from the Prior Authorization staff.

Radical vaginal hysterectomy (Schauta type operation), CPT code (58285) will be reviewed by a Medical Director on a case-by-case basis.

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;
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.

CPT Codes	CPT for <i>Vaginal Hysterectomy</i>
58260	Vaginal hysterectomy, for uterus 250 g or less;

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CPT Codes	CPT for <i>Vaginal Hysterectomy</i>
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-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
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
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)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele

ICD-10 Diagnosis Codes

ICD-10 Codes	Diagnosis Description for <i>Laparoscopic Hysterectomy</i>
A18.17	Tuberculous female pelvic inflammatory disease
A52.76	Other genitourinary symptomatic late syphilis
A54.24	Gonococcal female pelvic inflammatory disease
A56.11	Chlamydial female pelvic inflammatory disease
A60.09	Herpes viral infection of other urogenital tract
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C58	Malignant neoplasm of placenta
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified
D07.0	Carcinoma in situ of endometrium
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified

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ICD-10 Codes	Diagnosis Description for <i>Laparoscopic Hysterectomy</i>
D26.0	Other benign neoplasm of cervix uteri
D26.1	Other benign neoplasm of corpus uteri
D26.7	Other benign neoplasm of other parts of uterus
D26.9	Other benign neoplasm of uterus, unspecified
D28.7	Benign neoplasm of other specified female genital organs
D39.0	Neoplasm of uncertain behavior of uterus
D39.2	Neoplasm of uncertain behavior of placenta
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified
N71.1	Chronic inflammatory disease of uterus
N71.9	Inflammatory disease of uterus, unspecified
N73.1	Chronic parametritis and pelvic cellulitis
N73.2	Unspecified parametritis and pelvic cellulitis
N73.4	Female chronic pelvic peritonitis
N73.5	Female pelvic peritonitis, unspecified
N73.6	Female pelvic peritoneal adhesions (post infective)
N73.8	Other specified female pelvic inflammatory diseases
N73.9	Female pelvic inflammatory disease, unspecified
N74	Female pelvic inflammatory disorders in diseases classified elsewhere
N80.0	Endometriosis of uterus
N80.1	Endometriosis of ovary
N80.3	Endometriosis of pelvic peritoneum
N81.2	Incomplete uterovaginal prolapse
N81.3	Complete uterovaginal prolapse
N81.4	Uterovaginal prolapse, unspecified
N81.9	Female genital prolapse, unspecified
N84.0	Polyp of corpus uteri
N84.8	Polyp of other parts of female genital tract
N84.9	Polyp of female genital tract, unspecified
N85.00	Endometrial hyperplasia, unspecified
N85.01	Benign endometrial hyperplasia
N85.02	Endometrial intraepithelial neoplasia [EIN]
N85.2	Hypertrophy of uterus
N85.3	Subinvolution of uterus
N85.8	Other specified noninflammatory disorders of uterus
N87.0	Mild cervical dysplasia
N87.1	Moderate cervical dysplasia
N87.9	Dysplasia of cervix uteri, unspecified
N89.7	Hematocolpos
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle

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ICD-10 Codes	Diagnosis Description for <i>Laparoscopic Hysterectomy</i>
N92.4	Excessive bleeding in the premenopausal period
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N93.8	Other specified abnormal uterine and vaginal bleeding
N94.10	Unspecified dyspareunia
N94.11	Superficial (introital) dyspareunia
N94.12	Deep dyspareunia
N94.19	Other specified dyspareunia
N94.4	Primary dysmenorrhea
N94.5	Secondary dysmenorrhea
N94.6	Dysmenorrhea, unspecified
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N95.0	Postmenopausal bleeding
R10.2	Pelvic and perineal pain
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.02	Genetic susceptibility to malignant neoplasm of ovary
Z15.04	Genetic susceptibility to malignant neoplasm of endometrium
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.3	Personal history of malignant neoplasm of breast

ICD-10 Codes	Diagnosis Description for <i>Abdominal Hysterectomy</i>
A18.17	Tuberculous female pelvic inflammatory disease
A52.76	Other genitourinary symptomatic late syphilis
A54.24	Gonococcal female pelvic inflammatory disease
A56.11	Chlamydial female pelvic inflammatory disease
A60.09	Herpes viral infection of other urogenital tract
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube

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ICD-10 Codes	Diagnosis Description for <i>Abdominal Hysterectomy</i>
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C58	Malignant neoplasm of placenta
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.82	Secondary malignant neoplasm of genital organs
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified
D07.0	Carcinoma in situ of endometrium
D07.30	Carcinoma in situ of unspecified female genital organs
D07.39	Carcinoma in situ of other female genital organs
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified
D26.0	Other benign neoplasm of cervix uteri
D26.1	Other benign neoplasm of corpus uteri
D26.7	Other benign neoplasm of other parts of uterus
D26.9	Other benign neoplasm of uterus, unspecified
D27.0	Benign neoplasm of right ovary
D27.1	Benign neoplasm of left ovary
D27.9	Benign neoplasm of unspecified ovary
D28.7	Benign neoplasm of other specified female genital organs
D39.0	Neoplasm of uncertain behavior of uterus
D39.10	Neoplasm of uncertain behavior of unspecified ovary
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta

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ICD-10 Codes	Diagnosis Description for <i>Abdominal Hysterectomy</i>
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified
N71.1	Chronic inflammatory disease of uterus
N71.9	Inflammatory disease of uterus, unspecified
N73.1	Chronic parametritis and pelvic cellulitis
N73.2	Unspecified parametritis and pelvic cellulitis
N73.4	Female chronic pelvic peritonitis
N73.5	Female pelvic peritonitis, unspecified
N73.6	Female pelvic peritoneal adhesions (post infective)
N73.8	Other specified female pelvic inflammatory diseases
N73.9	Female pelvic inflammatory disease, unspecified
N74	Female pelvic inflammatory disorders in diseases classified elsewhere
N80.0	Endometriosis of uterus
N80.1	Endometriosis of ovary
N80.3	Endometriosis of pelvic peritoneum
N81.2	Incomplete uterovaginal prolapse
N81.3	Complete uterovaginal prolapse
N81.4	Uterovaginal prolapse, unspecified
N81.9	Female genital prolapse, unspecified
N84.0	Polyp of corpus uteri
N84.8	Polyp of other parts of female genital tract
N84.9	Polyp of female genital tract, unspecified
N85.00	Endometrial hyperplasia, unspecified
N85.01	Benign endometrial hyperplasia
N85.02	Endometrial intraepithelial neoplasia [EIN]
N85.2	Hypertrophy of uterus
N85.3	Subinvolution of uterus
N85.8	Other specified noninflammatory disorders of uterus
N87.0	Mild cervical dysplasia
N87.1	Moderate cervical dysplasia
N87.9	Dysplasia of cervix uteri, unspecified
N89.7	Hematocolpos
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.4	Excessive bleeding in the premenopausal period
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N93.8	Other specified abnormal uterine and vaginal bleeding
N94.4	Primary dysmenorrhea
N94.5	Secondary dysmenorrhea

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ICD-10 Codes	Diagnosis Description for <i>Abdominal Hysterectomy</i>
N94.6	Dysmenorrhea, unspecified
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N95.0	Postmenopausal bleeding
R10.2	Pelvic and perineal pain
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.02	Genetic susceptibility to malignant neoplasm of ovary
Z15.04	Genetic susceptibility to malignant neoplasm of endometrium
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.3	Personal history of malignant neoplasm of breast

ICD-10 Codes	Diagnosis description for <i>Vaginal hysterectomy</i>
C54.1	Malignant neoplasm of endometrium
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified
D07.0	Carcinoma in situ of endometrium
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified
D26.0	Other benign neoplasm of cervix uteri
D26.1	Other benign neoplasm of corpus uteri
D26.7	Other benign neoplasm of other parts of uterus
D26.9	Other benign neoplasm of uterus, unspecified
N71.1	Chronic inflammatory disease of uterus
N71.9	Inflammatory disease of uterus, unspecified
N73.1	Chronic parametritis and pelvic cellulitis
N73.2	Unspecified parametritis and pelvic cellulitis
N73.4	Female chronic pelvic peritonitis
N73.5	Female pelvic peritonitis, unspecified
N73.6	Female pelvic peritoneal adhesions (post infective)
N73.8	Other specified female pelvic inflammatory diseases
N73.9	Female pelvic inflammatory disease, unspecified
N74	Female pelvic inflammatory disorders in diseases classified elsewhere
N80.0	Endometriosis of uterus
N80.3	Endometriosis of pelvic peritoneum
N81.2	Incomplete uterovaginal prolapse
N81.3	Complete uterovaginal prolapse
N81.4	Uterovaginal prolapse, unspecified
N81.9	Female genital prolapse, unspecified
N84.0	Polyp of corpus uteri

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].

ICD-10 Codes	Diagnosis description for <i>Vaginal hysterectomy</i>
N84.8	Polyp of other parts of female genital tract
N84.9	Polyp of female genital tract, unspecified
N85.00	Endometrial hyperplasia, unspecified
N85.01	Benign endometrial hyperplasia
N85.02	Endometrial intraepithelial neoplasia [EIN]
N85.2	Hypertrophy of uterus
N85.3	Subinvolution of uterus
N85.8	Other specified noninflammatory disorders of uterus
N87.0	Mild cervical dysplasia
N87.1	Moderate cervical dysplasia
N87.9	Dysplasia of cervix uteri, unspecified
N89.7	Hematocolpos
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.4	Excessive bleeding in the premenopausal period
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N93.8	Other specified abnormal uterine and vaginal bleeding
N94.10	Unspecified dyspareunia
N94.11	Superficial (introital) dyspareunia
N94.12	Deep dyspareunia
N94.19	Other specified dyspareunia
N94.4	Primary dysmenorrhea
N94.5	Secondary dysmenorrhea
N94.6	Dysmenorrhea, unspecified
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N95.0	Postmenopausal bleeding
R10.2	Pelvic and perineal pain
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.02	Genetic susceptibility to malignant neoplasm of ovary
Z15.04	Genetic susceptibility to malignant neoplasm of endometrium
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.3	Personal history of malignant neoplasm of breast

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD

Senior Medical Director: David Yu, MD

Medical Director: Ana Maria Rael MD

Date Approved: 11/16/2022

References

1. MCG Health Inpatient & Surgical Care 26th Edition, Hysterectomy, Laparoscopic ORG: S-665 (ISC), last update: 9/1/2022. [Cited 10/18/2022]
2. MCG Health Inpatient & Surgical Care 26th Edition, Hysterectomy, Vaginal. ORG: S-660 (ISC), last update: 9/1/2022. [Cited 10/18/2022]
3. MCG Health Inpatient & Surgical Care 26th Edition, Hysterectomy, Abdominal, ORG: S-650 (ISC), last update

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4. National Coverage Determination (NCD) for Sterilization ([230.3](#)), Version 1, [Cited 10/18/2022]

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. 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 policy to say, "Vaginal hysterectomy, radical (Schauta type operation), code 58285 will be reviewed on case-by-case basis." This code requires PA.

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.