Obstetrical and Gynecological Services Codes

> *Note:* *Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See* IHCP Banner Pages and Bulletins *and the* IHCP Fee Schedules *for updates to coding, coverage, and benefit information.*
>
> *For information about using these code tables, see the* Obstetrical and Gynecological Services *provider reference module.*

Table 1 – CPT[1] Procedure Codes for Hysterectomy

Reviewed/Updated: January 1, 2022

Procedure Code	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)
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
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 hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200	Total 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)
58240	Pelvic exenteration for gynecologic malignancy, with total 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
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, 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
58285	Vaginal hysterectomy, radical (Schauta type operation)

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Table 1 – CPT[1] Procedure Codes for Hysterectomy

Reviewed/Updated: January 1, 2022

Procedure Code	Description
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
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
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)
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
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
Table 1 Revision History	

January 1, 2022, update:
    Removed (effective January 1, 2022): 59135
February 9, 2021, update:
    Removed (effective January 1, 2021): 58293

Table 2 – ICD-10 Procedure Codes for Hysterectomy
Reviewed/Updated: October 1, 2020

Procedure Code	Description
0UT40ZZ	Resection of uterine supporting structure, open approach
0UT44ZZ	Resection of uterine supporting structure, percutaneous endoscopic approach
0UT47ZZ	Resection of uterine supporting structure, via natural or artificial opening
0UT48ZZ	Resection of uterine supporting structure, via natural or artificial opening, endoscopic
0UT70ZZ	Resection of bilateral fallopian tubes, open approach
0UT90ZL	Resection of uterus, supracervical, open approach
0UT90ZZ	Resection of uterus, open approach
0UT94ZL	Resection of uterus, supracervical, percutaneous endoscopic approach
0UT94ZZ	Resection of uterus, percutaneous endoscopic approach
0UT97ZL	Resection of uterus, supracervical, via natural or artificial opening
0UT97ZZ	Resection of uterus, via natural or artificial opening
0UT98ZL	Resection of uterus, supracervical, via natural or artificial opening, endoscopic
0UT98ZZ	Resection of uterus, via natural or artificial opening, endoscopic
0UT9FZL	Resection of uterus, supracervical, via natural or artificial opening, with percutaneous endoscopic assistance
0UT9FZZ	Resection of uterus, via natural or artificial opening, with percutaneous endoscopic assistance
Table 2 Revision History	
October 1, 2017, update: Added (effective October 1, 2017): 0UT90ZL, 0UT94ZL, 0UT97ZL, 0UT98ZL, 0UT9FZL	

Table 3 – ICD-10 Diagnosis Codes for Normal, Low-Risk Pregnancy
Reviewed/Updated: October 1, 2020

Diagnosis Code	Description
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of normal (other) pregnancy, unspecified trimester
Z34.81	Encounter for supervision of normal (other) pregnancy, first trimester
Z34.82	Encounter for supervision of normal (other) pregnancy, second trimester
Z34.83	Encounter for supervision of normal (other) pregnancy, third trimester

Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy

Reviewed/Updated: October 1, 2020

Diagnosis Code	Description
O09.00	Supervision of pregnancy with history of infertility, unspecified trimester
O09.01	Supervision of pregnancy with history of infertility, first trimester
O09.02	Supervision of pregnancy with history of infertility, second trimester
O09.03	Supervision of pregnancy with history of infertility, third trimester
O09.10	Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester
O09.11	Supervision of pregnancy with history of ectopic pregnancy, first trimester
O09.12	Supervision of pregnancy with history of ectopic pregnancy, second trimester
O09.13	Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09.211	Supervision of pregnancy with history of pre-term labor, first trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.291	Supervision of pregnancy with poor reproductive or obstetrical history, first trimester
O09.292	Supervision of pregnancy with poor reproductive or obstetrical history, second trimester
O09.293	Supervision of pregnancy with poor reproductive or obstetrical history, third trimester
O09.299	Supervision of pregnancy with poor reproductive or obstetrical history, unspecified trimester
O09.30	Supervision of pregnancy with insufficient antenatal care, unspecified trimester
O09.31	Supervision of pregnancy with insufficient antenatal care, first trimester
O09.32	Supervision of pregnancy with insufficient antenatal care, second trimester
O09.33	Supervision of pregnancy with insufficient antenatal care, third trimester
O09.40	Supervision of pregnancy with grand multiparity, unspecified trimester
O09.41	Supervision of pregnancy with grand multiparity, first trimester
O09.42	Supervision of pregnancy with grand multiparity, second trimester
O09.43	Supervision of pregnancy with grand multiparity, third trimester
O09.511	Supervision of elderly primigravida, first trimester
O09.512	Supervision of elderly primigravida, second trimester
O09.513	Supervision of elderly primigravida, third trimester
O09.519	Supervision of elderly primigravida, unspecified trimester
O09.521	Supervision of elderly multigravida, first trimester
O09.522	Supervision of elderly multigravida, second trimester
O09.523	Supervision of elderly multigravida, third trimester
O09.529	Supervision of elderly multigravida, unspecified trimester
O09.611	Supervision of young primigravida, first trimester
O09.612	Supervision of young primigravida, second trimester
O09.613	Supervision of young primigravida, third trimester
O09.619	Supervision of young primigravida, unspecified trimester
O09.621	Supervision of young multigravida, first trimester

Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy

Reviewed/Updated: October 1, 2020

Diagnosis Code	Description
O09.622	Supervision of young multigravida, second trimester
O09.623	Supervision of young multigravida, third trimester
O09.629	Supervision of young multigravida, unspecified trimester
O09.70	Supervision of high risk pregnancy due to social problems, unspecified trimester
O09.71	Supervision of high risk pregnancy due to social problems, first trimester
O09.72	Supervision of high risk pregnancy due to social problems, second trimester
O09.73	Supervision of high risk pregnancy due to social problems, third trimester
O09.811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
O09.812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09.813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.819	Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
O09.821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
O09.822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
O09.823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester
O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester
O09.891	Supervision of other high risk pregnancies, first trimester
O09.892	Supervision of other high risk pregnancies, second trimester
O09.893	Supervision of other high risk pregnancies, third trimester
O09.899	Supervision of other high risk pregnancies, unspecified trimester
O09.90	Supervision of high risk pregnancy, unspecified, unspecified trimester
O09.91	Supervision of high risk pregnancy, unspecified, first trimester
O09.92	Supervision of high risk pregnancy, unspecified, second trimester
O09.93	Supervision of high risk pregnancy, unspecified, third trimester
O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3	Supervision of pregnancy with history of molar pregnancy, third trimester

Table 5 – Prenatal Visit Procedure Codes and Billing Instructions

Reviewed/Updated: February 9, 2021

Note:	Providers can bill prenatal visits along with delivery and postpartum services on the same professional claim (CMS-1500 claim form, 837P transaction, or IHCP Provider Healthcare Portal professional claim).		
Procedure Code	**Billing Instructions**	**Modifier**	**Description**
99202–99215	Bill appropriate E/M code for the **first antepartum visit** (to accommodate the greater amount of work involved with the visit).	U1	Trimester one – 0 through 14 weeks, 0 days
		U2	Trimester two – 14 weeks, 1 day through 28 weeks, 0 days
		U3	Trimester three – 28 weeks, 1 day, through delivery
59425	Bill antepartum care only for **visits two through six**.	U1	Trimester one – 0 through 14 weeks, 0 days
		U2	Trimester two – 14 weeks, one day through 28 weeks, 0 days
		U3	Trimester three – 28 weeks, 1 day, through delivery
59426	Bill antepartum care only for **visit seven and all subsequent visits**.	U1	Trimester one – 0 through 14 weeks, 0 days
		U2	Trimester two – 14 weeks, 1 day through 28 weeks, 0 days
		U3	Trimester three – 28 weeks, 1 day, through delivery
Table 6 Revision History			
February 9, 2021 update: Removed (effective January 1, 2021): 99201			

Table 6 – Long-Acting Reversible Contraception (LARC) Devices Separately Reimbursable During an Inpatient Hospital or Birthing Center Stay for Delivery

Reviewed/Updated: October 1, 2020

Procedure Code	Description
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
Table 6 Revision History	

January 1, 2018, update:
     Added (effective January 1, 2018): J7296
     Removed (effective January 1, 2018): Q9984
July 1, 2017, update:
     Added (effective July 1, 2017): Q9984	

**Table 7 – ICD-10 Abortion Diagnosis Codes That Suspend for Appropriate
Documentation Supporting Medical Necessity**

Reviewed/Updated: October 1, 2020

Diagnosis Code	Description
O04.5	Genital tract and pelvic infection following (induced) termination of pregnancy
O04.6	Delayed or excessive hemorrhage following (induced) termination of pregnancy
O04.7	Embolism following (induced) termination of pregnancy
O04.80	(Induced) termination of pregnancy with unspecified complications
O04.81	Shock following (induced) termination of pregnancy
O04.82	Renal failure following (induced) termination of pregnancy
O04.83	Metabolic disorder following (induced) termination of pregnancy
O04.84	Damage to pelvic organs following (induced) termination of pregnancy
O04.85	Other venous complications following (induced) termination of pregnancy
O04.86	Cardiac arrest following (induced) termination of pregnancy
O04.87	Sepsis following (induced) termination of pregnancy
O04.88	Urinary tract infection following (induced) termination of pregnancy
O04.89	(Induced) termination of pregnancy with other complications
O07.0	Genital tract and pelvic infection following failed attempted termination of pregnancy
O07.1	Delayed or excessive hemorrhage following failed attempted termination of pregnancy
O07.2	Embolism following failed attempted termination of pregnancy
O07.30	Failed attempted termination of pregnancy with unspecified complications
O07.31	Shock following failed attempted termination of pregnancy
O07.32	Renal failure following failed attempted termination of pregnancy
O07.33	Metabolic disorder following failed attempted termination of pregnancy
O07.34	Damage to pelvic organs following failed attempted termination of pregnancy
O07.35	Other venous complications following failed attempted termination of pregnancy
O07.36	Cardiac arrest following failed attempted termination of pregnancy
O07.37	Sepsis following failed attempted termination of pregnancy
O07.38	Urinary tract infection following failed attempted termination of pregnancy
O07.39	Failed attempted termination of pregnancy with other complications
O07.4	Failed attempted termination of pregnancy without complication
Z33.2	Encounter for elective termination of pregnancy

Table 8 – CPT and HCPCS[2] Abortion Procedure Codes That Suspend for Appropriate Documentation Supporting Medical Necessity

Reviewed/Updated: October 1, 2020

Procedure Code	Description
59100	Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion)
59200	Insertion of cervical dilator, (e.g., laminaria, prostaglandin) (separate procedure)
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus, and secundines
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	Induced abortion by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	Induced abortion, by 1 or more vaginal suppositories (e.g. prostaglandin), with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines
59856	Induced abortion, by 1 or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857	Induced abortion, by 1 or more vaginal suppositories (e.g., prostaglandin), with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterectomy (failed medical evacuation)
S0190	Mifepristone, oral, 200 mg
S0191	Misoprostol, oral, 200 mcg

Table 9 – ICD-10 Abortion Procedure Codes That Suspend for Appropriate Documentation Supporting Medical Necessity

Reviewed/Updated: October 1, 2020

Procedure Code	Description
10A00ZZ	Abortion of products of conception, open approach
10A03ZZ	Abortion of products of conception, percutaneous approach
10A04ZZ	Abortion of products of conception, percutaneous endoscopic approach
10A07Z6	Abortion of products of conception, vacuum, via natural or artificial opening
10A07ZW	Abortion of products of conception, laminaria, via natural or artificial opening
10A07ZX	Abortion of products of conception, abortifacient, via natural or artificial opening
10A07ZZ	Abortion of products of conception, via natural or artificial opening
10A08ZZ	Abortion of products of conception, via natural or artificial opening endoscopic
Table 9 Revision History	
April 8, 2016, update: Removed (correction): 10D00Z0, 10D00Z1, 10D00Z2, 10D17ZZ, 10D18ZZ, 0UDB7ZZ, 0UDB8ZZ	

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[2] *Healthcare Common Procedure Coding System.*