



Kaiser Foundation Health Plan of Washington

**Clinical Review Criteria
Hysterectomy Surgical Services**

- Abdominal Hysterectomy
- Laparoscopic Hysterectomy
- Vaginal Hysterectomy

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article (LCA)	None
Kaiser Permanente Medical Policy	Due to the absence of Medicare (CMS or MACs) coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, " Abdominal Hysterectomy ", " Laparoscopic Hysterectomy ", and " Vaginal Hysterectomy " for medical necessity determinations. Refer to the Non-Medicare criteria below

For Non-Medicare Members

Service	Criteria
Abdominal Hysterectomy	Review for Elective Surgical Procedure Level of Care and Kaiser Permanente has elected to use MCG* Abdominal Hysterectomy KP-S-650 03012026 MCG* Care Guideline for medical necessity determinations.
Laparoscopic Hysterectomy	Review for Elective Surgical Procedure Level of Care and Kaiser Permanente has elected to use MCG* Laparoscopic Hysterectomy KP-S-655 03012026 10012025 MCG* Care Guideline for medical necessity determinations.
Vaginal Hysterectomy	Review for Elective Surgical Procedure Level of Care and Kaiser Permanente has elected to use MCG* Vaginal Hysterectomy KP-S-660 03012026 MCG* Care Guideline for medical necessity determinations.

For Gender Affirming Surgery please see separate criteria: [Gender Affirming Surgeries](#)

For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under *Quick Access*.

***MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

For covered criteria:

If requesting this service (or these services), please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

A hysterectomy may be performed vaginally, laparoscopically (with or without robotic assistance), or via laparotomy (open). (1) (2) A hysterectomy may be total (complete removal of the uterus body and cervix) or subtotal/partial (removal of the uterus body only leaving the cervix intact).(3) A specialty society guideline concludes that for benign indications, the approach of choice is vaginal, whenever feasible, with laparoscopic preferred over an open approach.(1)This same guideline concludes that the role of robotic assistance in laparoscopic hysterectomy has not been clearly determined, with more data needed to delineate the appropriate use of robotic assistance.

Hysterectomy procedures are not currently reviewed for medical necessity at KPWA, but Elective Surgical Procedure Level of Care review was added in December of 2023.

Applicable Codes

Abdominal Hysterectomy

Excluded from Level of Care Review Requirement

CPT® or HCPC Codes	Description
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 (eg, 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 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)

Laparoscopic Hysterectomy

*Indicates review for [Level of Care](#)

CPT® or HCPC Codes	Description
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)

Vaginal Hysterectomy

*Indicates review for [Level of Care](#)

CPT® or HCPC Codes	Description
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-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

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
10/07/2025	10/07/2025 ^{MPC}	10/07/2025

^{MPC} Medical Policy Committee

Revision History	Description
10/07/2025	MPC approved to adopt criteria for Hysterectomy Procedures for Medicare & Non-Medicare members. Requires 60-day notice, effective date 03/01/2026.

References

1. Committee on Gynecologic Practice. Choosing the route of hysterectomy for benign disease. Committee Opinion No 701. Obstetrics & Gynecology 2017 (ACOG reaffirmed 2021);129(6):e155-e159. DOI: 10.1097/AOG.0000000000002112.
2. Kreuninger JA, et al. Trends in readmission rate by route of hysterectomy - a single-center experience. Acta Obstetrica et Gynecologica Scandinavica 2018;97(3):285-293. DOI: 10.1111/aogs.13270.

3. Heavy Menstrual Bleeding: Assessment and Management. NICE Guideline NG88 [Internet] National Institute for Health and Care Excellence. 2021 May Accessed at: <https://www.nice.org.uk/guidance/>.