



**Laparoscopically Assisted Vaginal Hysterectomy, LAVH
with or without Bilateral Salpingo-oophorectomy (BSO) Review Tool**

CPT codes 58550, 58553

Hysterectomy, Vaginal, +/- BSO

CPT codes 58260, 58262, 58263, 58270, 58290, 58291, 58294,

**The completed faxed form must contain all the information for an inpatient authorization.
The office will be called with the authorization number.**

Directions:

- (1) Complete Patient/Member and Surgeon information sections (2) Select appropriate medical indication
(3) Complete the guideline section for indication selected (4) Complete narrative with associated findings

Patient/Member Information			
Last Name:	First Name:	DOB:	
Member ID number:		Secondary insurance:	
Surgeon Information			
Surgeon:	Office phone number:	Provider ID#	
Assistant surgeon (if known):	Fax: Hospital:		
Date of Request:	Date of Surgery:	CPT Code:	ICD-9

Indications	
<input type="checkbox"/> – Endocervical adenocarcinoma in situ by Bx <input type="checkbox"/> – CIN III <input type="checkbox"/> – Adenomatous endometrial hyperplasia with atypia by Bx and D&C <input type="checkbox"/> – Fibroids in premenopausal woman <input type="checkbox"/> – Fibroids in postmenopausal woman <input type="checkbox"/> – Dysfunction uterine bleeding in premenopausal woman	<input type="checkbox"/> – Postmenopausal bleeding <input type="checkbox"/> – Uterine prolapse <input type="checkbox"/> – Chronic PID <input type="checkbox"/> – Endometriosis <input type="checkbox"/> – Suspected adenomyosis <input type="checkbox"/> – Chronic abdominal/pelvic pain, unknown etiology <input type="checkbox"/> – Indication not listed* (*document under narrative)
Guidelines	
<input type="checkbox"/> Endocervical adenocarcinoma in situ by Bx: <u>If checked no further clinical information required</u>	Postmenopausal bleeding <input type="checkbox"/> – BSO planned <input type="checkbox"/> – vagina and cervix normal by PE <input type="checkbox"/> – HRT (one) <input type="checkbox"/> – continued abnormal bleeding after change in/discontinuation <input type="checkbox"/> – HRT contraindicated/refused <input type="checkbox"/> – Endometrium normal w/in last 4 to 6 mos. (one) <input type="checkbox"/> – by hysteroscopy with D&C <input type="checkbox"/> – endometrial Bx and transvaginal US <input type="checkbox"/> – PAP smear normal w/in last year
<input type="checkbox"/> CIN III: <u>If checked no further clinical information required</u>	
Adenomatous endometrial hyperplasia with atypia by Bx and D&C (ONE): <input type="checkbox"/> – Future childbearing desired (both) <input type="checkbox"/> – Progestin Rx \geq 8wks <input type="checkbox"/> – Hyperplasia with cellular atypia confirmed by repeat Bx/D&C after treatment <input type="checkbox"/> – No future children desired <input type="checkbox"/> – Postmenopausal woman and BSO planned	

Fax **BOTH PAGES** of this form to (800) 280-7346
or call (585) 325-3114 or (800) 999-3920
(Monday through Friday 8am – 4pm)

Laparoscopic Assisted Vaginal Hysterectomy, Vaginal Hysterectomy, +/- BSO

Fibroids in premenopausal woman (ALL)

- Diagnosis by US
- Uterus \leq 14 weeks size by PE
- Findings **(one)**
 - abnormal bleeding **(both)**
 - vagina and cervix normal by PE
 - continued abnormal bleeding **(one)**
 - interferes with ADLs
 - Hct $<$ 27 unresponsive to iron Rx $>$ 12wks
 - Uterine size doubled by US w/in 1year
 - Ureteral compression by US/IVP
 - Other associated symptoms **(one)**
 - pelvic/abdominal pain/discomfort w/o other explanation
 - urinary frequency/urgency w/o evidence of infection
 - Dyspareunia
- PAP smear normal w/in last year
- Pregnancy excluded **(one)**
 - HCG negative
 - Sterilization by Hx
 - Patient not sexually active by Hx

Uterine prolapse

- Sx/findings **(one)**
 - Pelvic pressure by history
 - Pelvic pain by history
 - Stress incontinence by history
 - Ulceration with bleeding/spotting by PE
 - Vaginal splinting
- Uterine prolapse by PE **(one)**
 - Second degree
 - Third degree
- PAP smear normal within last year

Chronic PID (ALL)

- pelvic pain \geq 6mos.
- acute PID \geq 2 episodes by history & PE
- Infection documented \geq 1 episode by positive culture
- Adhesions/scarring/hydrosalpinx by laparoscopy
- PAP smear normal w/in last year
- HCG negative
- No future childbearing desired

Dysfunction uterine bleeding in premenopausal woman (ALL)

- Abnormal bleeding $>$ 3 cycles
- Vagina and cervix normal by PE
- Thyroid disease excluded by Hx/PE/testing
- Pregnancy excluded **(one)**
 - HCG negative
 - Sterilization by Hx
 - Patient not sexually active by Hx
- PAP smear normal w/in last year
- Sonohysterogram/US negative for endometrial lesion
- Continued bleeding after treatment **(one)**
 - Progestin/OCP x3 consecutive cycles
 - Findings **(one)**
 - interferes with ADLs
 - Hct $<$ 27 unresponsive to iron Rx $>$ 12wks
- Age \geq 35 **(all)**
 - Endometrium normal w/in last year **(one)**
 - by endometrial biopsy
 - by hysteroscopy with D&C
 - Progestin/OCP x3 consecutive cycles
 - Findings **(one)**
 - interferes with ADLs
- Hct $<$ 27 unresponsive to iron Rx $>$ 12wks

Endometriosis (ALL)

- BSO planned
- diagnosis by previous laparoscopy
- continued symptoms after Rx **(one)**
 - future childbearing desired **(both)**
 - medical management **(one)**
 - GnRH agonist \geq 8 weeks
 - Depot medroxy-progesterone / OCP \geq 8wks
 - Danazol \geq 8 weeks
 - surgical ablation/excision endometrial tissue
 - No future childbearing desired **(one)**
 - GnRH agonist \geq 8weeks
 - Depot medroxyprogesterone / OCP \geq 8wks
 - Danazol \geq 8wks
- PAP smear normal w/in last year
- Pregnancy excluded **(one)**
 - HCG negative
 - Sterilization by Hx
 - Patient not sexually active by Hx

Narrative: (include presence of infection/history of infection, non compliance issues related to PAP surveillance, US findings, iron treatment (ferrous sulfate, ferrous gluconate, or oral polysaccharide iron), specific ADLs affected, explanation of an indication not listed*, such as chronic pelvic pain with unknown etiology.

Physician signature:

Date:

PLEASE NOTE: By signing above, you are attesting to the accuracy of the information provided, and that medical record documentation is available if requested.