



**Laparoscopic Supracervical Hysterectomy (LSH),  
with or without Bilateral Sappingo-oophrectomy (BSO) Review Tool**  
CPT codes 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554

**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:		
	Inpatient/outpatient/23hour (circle)		
Date of Request:	Date of Surgery:	CPT Code:	ICD-9
Indications			
<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"/> – Suspected adenomyosis <input type="checkbox"/> – Chronic abdominal/pelvic pain, unknown etiology		<input type="checkbox"/> – Postmenopausal bleeding <input type="checkbox"/> – Chronic PID <input type="checkbox"/> – Endometriosis <input type="checkbox"/> – Indication not listed* (*document under narrative)	
Guidelines			
<b>Fibroids in premenopausal woman (ALL)</b> <input type="checkbox"/> - Diagnosis by US <input type="checkbox"/> - Findings <b>(one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – abnormal bleeding <b>(both)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – vagina and cervix normal by PE</li> <li><input type="checkbox"/> – continued abnormal bleeding <b>(one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – interferes with ADLs</li> <li><input type="checkbox"/> – Hct &lt; 27 / Hb &lt; 9.0 g/dL unresponsive to iron Rx &gt;12wks</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> – Uterine size doubled by US w/in 1year</li> <li><input type="checkbox"/> – Ureteral compression by US/IVP</li> <li><input type="checkbox"/> – Other associated symptoms <b>(one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – pelvic/abdominal pain/discomfort w/o other explanation</li> <li><input type="checkbox"/> – urinary frequency/urgency w/o evidence of infection</li> <li><input type="checkbox"/> - Dyspareunia</li> </ul> </li> </ul> <input type="checkbox"/> – PAP smear normal w/in last year <input type="checkbox"/> – Pregnancy excluded <b>(one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – HCG negative</li> <li><input type="checkbox"/> – Sterilization by Hx</li> <li><input type="checkbox"/> – Patient not sexually active by Hx</li> </ul>		<b>Dysfunction uterine bleeding in premenopausal woman (ALL)</b> <input type="checkbox"/> – Abnormal bleeding > 3 cycles <input type="checkbox"/> – Vagina and cervix normal by PE <input type="checkbox"/> – Thyroid disease excluded by Hx/PE/testing <input type="checkbox"/> – Pregnancy excluded <b>(one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – HCG negative</li> <li><input type="checkbox"/> – Sterilization by Hx</li> <li><input type="checkbox"/> – Patient not sexually active by Hx</li> </ul> <input type="checkbox"/> – PAP smear normal w/in last year <input type="checkbox"/> – Sonohysterogram/US negative for endometrial lesion <input type="checkbox"/> – Continued bleeding after treatment <b>(one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Age &lt; 35 ( <b>ALL</b>)               <ul style="list-style-type: none"> <li><input type="checkbox"/> – Progestin/OCP x3 consecutive cycles</li> <li><input type="checkbox"/> Endometrial ablation / resection                   <ul style="list-style-type: none"> <li><input type="checkbox"/> Continued bleeding after Rx</li> <li><input type="checkbox"/> Contraindicated/ refused</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> – Findings <b>(one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – interferes with ADLs</li> <li><input type="checkbox"/> – Hct &lt; 27 / Hb &lt;9.0 g/dL unresponsive to iron Rx &gt;12wks</li> </ul> </li> </ul> <input type="checkbox"/> – Age ≥ 35 <b>(ALL)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – Endometrium normal w/in last year <b>(one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – by endometrial biopsy</li> <li><input type="checkbox"/> – by hysteroscopy with D&amp;C</li> </ul> </li> <li><input type="checkbox"/> – Progestin/OCP x3 consecutive cycles</li> <li><input type="checkbox"/> – Findings <b>(one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> – interferes with ADLs</li> <li><input type="checkbox"/> – Hct &lt; 27/ Hb&lt; 9.0g/dL unresponsive to iron Rx &gt;12wks</li> </ul> </li> </ul>	

## Laparoscopic Supracervical Hysterectomy, +/- BSO

### Fibroids in postmenopausal woman (ALL)

- BSO planned
- diagnosis by US
- Findings **(one)**
  - Uterine size double by US w/in one year
  - Uretal compression by US/IVP
  - Other associated by 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

### Postmenopausal bleeding

- BSO planned
- vagina and cervix normal by PE
- HRT **(one)**
  - continued abnormal bleeding after change in or discontinuation of HRT
  - HRT contraindicated/refused
- Endometrium normal w/in last 3 to 4 mos. **(one)**
  - by hysteroscopy with D&C
  - endometrial Bx and transvaginal US/sonohysterogram
- PAP smear normal w/in last year

### Chronic PID (ALL)

- pelvic pain.
- 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

### Endometriosis (ALL)

- BSO planned
- diagnosis by previous laparoscopy
- continued symptoms after Rx **(one)**
  - GnRH agonist  $\geq 8$  weeks
  - Depot medroxyprogesterone/OCP  $\geq 8$  wks
  - Danazol  $\geq 8$  wks
- PAP smear normal w/in last year
- Pregnancy excluded **(one)**
  - HCG negative
  - Sterilization by Hx
  - Patient not sexually active by Hx

### Suspected Adenomyosis

- Sx/Findings **( one)**
  - pelvic pain
  - Abnormal bleeding **( both)**
    - Vagina and cervix normal by PE
    - Continued abnormal bleeding
      - Interferes with ADL's
      - Hct < 27% / Hb < 9, unresponsive to Iron Rx > 12 weeks
  - Ureteral compression by U/S / IVP
  - Other associated symptoms **(one)**
    - pelvic/abdominal pain/ discomfort w/o other explanation
    - urinary frequency/urgency w/o evidence of infection
    - Dyspareunia
  - MRI / U/S suggestive of adenomyosis
  - Continued Sx/Findings after Rx **( one)**
    - NSAIDS > 8 wks
    - GnRH agonist  $\geq 8$  weeks
    - Depot medroxy- progesterone / OCP  $\geq 8$  wks
  - PAP smear normal w/in last year
  - Pregnancy excluded **(one)**
    - HCG negative
    - Sterilization by Hx
    - Patient not sexually active by Hx

**Chronic Abdominal;/pelvic pain, unknown etiology (ALL)**

- HX and PE non diagnostic for etiology of pain
- Laboratory testing (**both**)
  - CBC normal;
  - U/A or urine culture normal
- US nondiagnostic for etiology of pain
- Testing nondiagnostic for etiology of pain ( **one**)
  - CT/ MRI
  - Diagnostic laparoscopy
- Continued pain after RX (**one**)
  - NSAID's > 4 wks.
  - GnRH agonist  $\geq$  8 weeks
  - Depot medroxy- progesterone / OCP  $\geq$  8wks
  - ABX Rx x 1 course
- PAP smear normal w/in last year
- Pregnancy excluded (**one**)
  - HCG negative
  - Sterilization by Hx
  - Patient not sexually active by Hx
- Send for secondary medical review

**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