

Current Effective Date: 5/1/25

Status: Approved

Reviewed by Medical Policy Subcommittee: 5/1/25

Reviewed Dates: 4/8/25

---

#### **INSTRUCTIONS FOR USE DISCLAIMER:**

SummaCare posts policies relating to coverage and medical necessity issues to assist members and providers in administering member benefits. These policies do not constitute a contract or agreement between SummaCare and any member or provider. The policies are guidelines only and are intended to assist members and providers with coverage issues. SummaCare is not a health care provider, does not provide or assist with health care services or treatment, and does not make guarantees as to the effectiveness of treatment administered by providers. The treatment of members is the sole responsibility of the treating provider, who is not an employee of SummaCare, but is an independent contractor in private practice. The policies posted to this site may be updated and are subject to change without prior notice to members or providers.

Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

---

### **Gynecological Procedures Policy**

#### **Indication/Usage:**

The following gynecological procedures are generally performed in an outpatient setting when medical necessity criteria is met.

#### **Medical Indications for Authorization Commercial and Medicare Members**

1. CPT code 58662 Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method

This CPT code refers to a laparoscopic surgical procedure involving the fulguration or excision of lesions located on the ovary, pelvic viscera, or other abnormal growths within the pelvic cavity. This minimally invasive technique allows healthcare providers to diagnose and treat various conditions, such as endometriosis or ovarian cysts, through small incisions in the abdomen. By utilizing a laparoscope, a specialized camera, the provider can visualize the internal structures while performing the necessary interventions, which may include the destruction or removal of abnormal tissue. This code does not include removal of any ovarian tissue.

SummaCare considers CPT code 58662 (Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method) medically necessary when used to destroy lesions on the ovaries or surrounding pelvic structures without removing or damaging the ovaries when the following criteria is met.

A. Member is symptomatic with 1 or more of the following symptoms listed below

- Chronic or recurrent pelvic pain
- Dysmenorrhea
- Dyspareunia
- Dyschezia
- Dysuria

B. Member has tried and failed 1 or more conservative management listed below

- GnRH agonist  $\geq 8$  weeks
- Hormone therapy  $\geq 8$  weeks
- Danazol  $\geq 8$  weeks

## 2. **CPT code 57268 Repair of Enterocele**

This CPT code is used for vaginal approach refers to the surgical procedure for the repair of an enterocele via a vaginal approach. Vaginal enterocele repair as a standalone procedure or when it is unrelated to other services rendered during the same session. Documentation must include detailed documentation of the procedure to avoid bundling with other surgical codes. Providers should refrain from using this code in conjunction with codes for more comprehensive procedures unless the enterocele repair is performed independently.

SummaCare considers CPT 57268 Repair of Enterocele medically necessary when the following criteria is met

- A. Documentation of the small intestine bulges into the vaginal canal and the procedure can be completed vaginally.
- B. CPT code 57268 is not completed and billed at the same time as a hysterectomy or other gynecological comprehensive procedures

There are currently no NCD or LCD per CMS

## Limitations

SummaCare considers CPT codes 58662 (Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method) and CPT 57268 Repair of Enterocele experimental, investigational and unproven for any conditions not listed above.

## Coverage Decisions

Coverage decisions made per CMS, Hayes, and industry standards research

## Plans Covered By This Policy

Commercial and Medicare

Self-funded Commercial groups refer to plan document for coverage

## Sources Reviewed

Bofill Rodriguez M, Lethaby A, Grigore M, et al. Endometrial resection and ablation techniques for heavy menstrual bleeding. Cochrane Database Syst Rev. 2019;1: CD001501.

Degen AF, Gabrecht T, Mosimann L, et al. Photodynamic endometrial ablation for the treatment of dysfunctional uterine bleeding: A preliminary report. Lasers Surg Med. 2004; 34(1):1-4.

Lethaby A, Hickey M, Garry R, Penninx J. Endometrial resection / ablation techniques for heavy menstrual bleeding. Cochrane Database Syst Rev. 2009; (4):CD001051.

Scordalakes C, delRosario R, Shimer A, Stankiewicz R. Efficacy and patient satisfaction after NovaSure and Minerva endometrial ablation for treating abnormal uterine bleeding: A retrospective comparative study. Int J Womens Health. 2018; 10:137-145.

InterQual® CP: Procedures, Ablation or Excision, Endometriosis, Laparoscopic

[How To Use CPT Code 58662 - Coding Ahead](#)

[How To Use CPT Code 57268 - Updated 2025 - Coding Ahead](#)

CMS [MCD Search](#)

[Hayes Knowledge Center | symplr](#)