Medicaid Policy Number (This number will be generated by Medical Services.) | NDMP-2010-0001
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Date Policy was Last Reviewed | 06/08/2015

Title
Hysteroscopic Tubal Occlusion

Effective Date
10/01/2010

Revision Date(s)
2/01/2011; 06/08/2015

Replaces
N/A

Cross References
N/A

Description
Hysteroscopic tubal occlusion by placement of permanent implants is designed for those women who desire permanent birth control. The implants are placed without incisions via the cervix to the fallopian tubes (bilaterally) using a hysteroscope and a small catheter to deliver the implants. Once in place, body tissue grows into the implants, permanently blocking the fallopian tube. Three months (twelve weeks) after the procedure, women must undergo a hysterosalpingogram (x-ray of the uterus and fallopian tubes after an injection of an opaque material). This is done to confirm the implants are properly placed and tubal occlusion has taken place. Until that time, alternate birth control must be used. This form of birth control is considered to be irreversible.

Scope
Medical policies are systematically developed guidelines that serve as a resource for ND Medicaid staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the ND Medicaid program.

Policy
The hysteroscopic tubal occlusion procedure may be considered medically appropriate and necessary to women who have risk factors that prevent a physician from performing a safe and effective laparoscopic tubal ligation: (any of the following six criteria)

- Morbid obesity (BMI of 45 or greater)
- Abdominal mesh that mechanically interferes with laparoscopic sterilization procedure
- Permanent colostomy
- Multiple abdominal/pelvic surgeries with documented severe adhesions
- Artificial heart valve requiring continuous anticoagulation
- Any severe medical problems that would contraindicate laparoscopy because of anesthesia consideration. The physician documentation must attest to the fact that general anesthesia would pose a substantial threat to the beneficiaries’ life.

Prior authorization is required (submit on MEDICAL PROCEDURE/DEVICE PRIOR AUTHORIZATION REQUEST form - SFN511) ONLY when the physician (MD/DO) recommends Hysteroscopic Tubal Occlusion be performed outside the stated ND Medical Services Medical Policy guidelines.

Policy Guidelines
This is a sterilization procedure, therefore all ND Medicaid sterilization policies apply. Please refer to the General Information for Providers Manual under the section entitled Sterilization.

Circumstances when hysteroscopic placement of bilateral implants should not be performed:
- Recipient is uncertain about her desire to end fertility
Recipients in whom only one implant can be placed (including recipients with apparent contralateral proximal tubal occlusion and recipients with a suspected unicornuate uterus)

- Recipients who have previously undergone a tubal ligation

Or any recipient with any of the following conditions:
- Pregnancy or suspected pregnancy
- Delivery or termination of a pregnancy less than six weeks before implant placement
- Active or recent upper or lower pelvic infection
- Known allergy to contrast media
- Known hypersensitivity to nickel confirmed by skin test

### Benefit Application

- Coverage is limited to reimbursement for hysteroscopic placement of bilateral implants (CPT code 58565) including one set of implants per recipient, any provider, once in a lifetime.
- Reimbursement is made to licensed physicians/surgeons (MD/DO) only.
- Prior to attempting placement of the implants, the licensed physician must perform a thorough (diagnostic) hysteroscopic evaluation of the uterine cavity. The physician must be able to visualize both tubal ostia prior to attempting placement of the implants (this is included in the reimbursement for CPT code 58565 and NOT separately billable).
- If the physician is unable to visualize both tubal ostia during the diagnostic hysteroscopic evaluation, the procedure should be terminated and the physician should bill for hysteroscopy, diagnostic (separate procedure) using CPT code 58555.

### Rationale Source

References:
- Summary of Risks and Other Important Information – The Essure System - CC-0366 13Nov08F


### Code of Federal Regulations Citation(s)

42 CFR-Subpart F - 42 CFR 441.253; 42 CFR 441.254; 42 CFR 441.256; 42 CFR 441.257; 42 CFR 441.258

<table>
<thead>
<tr>
<th>CODES</th>
<th>NUMBER</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>CPT®</td>
<td>58565</td>
<td>Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants</td>
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<tr>
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<td>74740</td>
<td>Hysterosalpingography, radiological supervision and interpretation</td>
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<td></td>
<td>58340</td>
<td>Catheterization and introduction of contrast material for hysterosalpingography(at twelve weeks after placement of implants)</td>
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<td>74740</td>
<td>Follow-up hysterosalpinography to confirm bilateral tubal occlusion (at twelve weeks after placement of implants)</td>
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| Applicable Modifier(s) | 26  
TC | Professional Component  
Technical Component |
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<tr>
<td>ICD-9 Procedures(s)</td>
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| ICD-10 Diagnosis(es)  | Sterilization – admission for interruption of fallopian tubes or vas deferens  
Follow-up examination following other surgery (at twelve weeks after placement of implants)  
Tubal ligation status (at twelve weeks after placement of implants)  
Encounter for sterilization  
Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm (at twelve weeks after placement of implants)  
Tubal ligation status (at twelve weeks after placement of implants) |
| Applicable Revenue Codes(s) | N/A  |
| HCPCS Code(s)         | A4264  |
| Type of Service       | Surgery  |
| Place of Service      | 11  |
| Office                | |

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The North Dakota Medicaid program adopts policies after careful review of published peer-review scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, North Dakota Medicaid reserves the right to review and update policies as appropriate. Always consult the General Information for Providers manual or North Dakota Medicaid Policy to determine coverage. CPT codes, descriptions and material are copyrighted by the American Medical Association.