LAPAROSCOPIC EXCISION OF TUBES AND OVARIIES
HS-263

APPLICATION STATEMENT
The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

Clinical Coverage Guideline
Original Effective Date: 8/7/2014 - Revised: 7/11/2015
BACKGROUND

Most ovarian cysts develop as consequence of disordered ovulation in which the follicle fails to release the oocyte. The follicular cells continue to secrete fluid and expand the follicle, which over time can become cystic. Ovarian cysts are quite common and involve all age groups, occurring in both symptomatic and nonsymptomatic females. Six percent of 5000 healthy women in a study reported by Campbell et al had detectable adnexal masses on transabdominal ultrasound. Of these, 90% were cystic with most diagnosed as simple cysts. The ovaries are the female pelvic reproductive organs that house the ova and are also responsible for the production of sex hormones. They are paired organs located on either side of the uterus within the broad ligament below the uterine (fallopian) tubes. The ovary is within the ovarian fossa, a space that is bound by the external iliac vessels, obliterated umbilical artery, and the ureter. The ovaries are responsible for housing and releasing ova, or eggs, necessary for reproduction. Salpingo-oophorectomy is the removal of the fallopian tube (salpingectomy) and ovary (oophorectomy). A unilateral salpingo-oophorectomy is appropriate for patients in whom an ovary is unable to be preserved, including cases of ruptured ectopic pregnancy with an inability to achieve hemostasis without removal of the tube and ovary, adnexal torsion in which the ovary and tube are necrotic, a tuboovarian abscess not responsive to antibiotics, or a benign ovarian mass in which there is no remaining normal ovarian tissue able to be conserved. A bilateral salpingo-oophorectomy is generally one of three types: elective at time of hysterectomy for benign conditions, prophylactic in women with increased risk of ovarian cancer, or because of malignancy. An ovarian cystectomy is the excision or aspiration of a cyst in the ovary that is considered benign in nature. It could either be a simple cyst (liquid in nature) or a complex cyst (one with solid component in addition to the liquid cyst).

POSITION STATEMENT

Applicable To:

✔ Medicaid
✔ Medicare

1. Laparoscopic excision of fallopian tubes (salpingectomy) is considered medically necessary when the following criteria are met:
   a) Member has experienced an ectopic pregnancy; OR,
   b) Member has an infection or sexually transmitted disease (e.g., gonorrhea, syphilis, chlamydia) also known as hydrosalpinx; OR,
   c) Member has experienced complications as a result of childbirth, abortion or insertion of intrauterine devices (IUDs).

2. Laparoscopic excision of ovaries (ovarian cystectomy or oophorectomy) is considered medically necessary when the following criteria are met:
   a) Ovarian cyst* is confirmed by special imaging; AND,
   b) Member is having symptoms related to the ovarian cyst such as pelvic pain; AND,
   c) Failed conservative attempt to dissolve the cyst with hormone treatment such as oral contraceptives must be documented unless hormone use is contraindicated (e.g., member is a smoker, has a history of breast or ovarian cancer, and/or an allergic reaction).

* Cysts include those that can be managed by cystectomy (e.g., dermoid, serous or mucinous cystadenoma, symptomatic hemorrhagic ovarian cyst, ovarian torsion, endometrioma, persistent simple cyst)
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NOTE: Diagnosis of endometriosis is not required for this procedure if the member meets the above criteria.

A contraindication for this procedure is concern for malignancy (ascites, abnormal CA125, ultrasound suggestive of malignancy).

CODING

Covered CPT® Codes
58661 Laparoscopy, with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662 Laparoscopy, surgical, removal of lesions/cysts of ovaries and pelvis
59151 Laparoscopic Treatment of Ectopic, w/ Salpingectomy and/or Oophorectomy

HCPCS Codes – No applicable codes.

Covered ICD-9-CM Procedure Codes
65.41 Oophorectomy (unilateral) with salpingectomy laparoscopic
65.63 Oophorectomy (bilateral) with salpingectomy laparoscopic
65.25 Cystectomy(excision of lesion) ovary that by laparoscope

Covered ICD-9-CM Diagnosis Codes
620.2 Ovarian cyst (twisted)
617.1 Chocolate cyst
220 Dermoid
620.0 Follicular(hemorrhagic) cyst
654.4 In pregnancy or childbirth
614.1 Hydrosalpinx

Covered DRAFT ICD-10-CM Codes
D27.0 Benign neoplasm of right ovary
D27.1 Benign neoplasm of left ovary
D27.9 Benign neoplasm of unspecified ovary
N70.12 Chronic oophoritis
N70.13 Chronic salpingitis and oophoritis
N80.1 Endometriosis of ovary
N83.0 Follicular cyst of ovary
N83.1 Corpus luteum cyst
N83.20 Unspecified ovarian cysts
N83.29 Other ovarian cysts
N86 Erosion and ectropion of cervix uteri
O34.529 Maternal care for prolapse of gravid uterus, unspecified trimester
O34.599 Maternal care for other abnormalities of gravid uterus, unspecified trimester
O34.521 Maternal care for prolapse of gravid uterus, first trimester
O34.522 Maternal care for prolapse of gravid uterus, second trimester
O34.523 Maternal care for prolapse of gravid uterus, third trimester
O34.591 Maternal care for other abnormalities of gravid uterus, first trimester
O34.592 Maternal care for other abnormalities of gravid uterus, second trimester
O34.593 Maternal care for other abnormalities of gravid uterus, third trimester
O34.591 Maternal care for other abnormalities of gravid uterus, first trimester
O34.592 Maternal care for other abnormalities of gravid uterus, second trimester
O34.593 Maternal care for other abnormalities of gravid uterus, third trimester
O34.521 Maternal care for prolapse of gravid uterus, first trimester

Clinical Coverage Guideline

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O34.522 Maternal care for prolapse of gravid uterus, second trimester
O34.523 Maternal care for prolapse of gravid uterus, third trimester
O34.591 Maternal care for other abnormalities of gravid uterus, first trimester
O34.592 Maternal care for other abnormalities of gravid uterus, second trimester
O34.593 Maternal care for other abnormalities of gravid uterus, third trimester
O34.591 Maternal care for other abnormalities of gravid uterus, first trimester
O34.592 Maternal care for other abnormalities of gravid uterus, second trimester
O34.593 Maternal care for other abnormalities of gravid uterus, third trimester


REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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