Tubal Sterilization

Policy Number: HS-266

Original Effective Date: 8/7/2014
Revised Date(s): 7/9/2015; 12/3/2015

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: 7/9/2015, 12/3/2015
BACKGROUND

Sterilization is a popular, permanent method of birth control for women. In tubal sterilization, the fallopian tubes are cut and tied with special thread, closed shut with bands or clips, sealed with an electric current, or blocked with scar tissue formed by small implants. Tubal sterilization prevents the sperm from reaching the egg. Tubal sterilization can be performed with a minilaparotomy, with laparoscopy, or with hysteroscopy. Sterilization by laparoscopy has a low risk of complications. The most common complications are those related to general anesthesia. There is a risk of injury to the bowel, bladder, or a major blood vessel. If an electric current is used to seal the fallopian tubes, there is a risk of burn injury to the skin or bowel. Other risks include bleeding from the incisions made in the skin and infection. Pregnancy is rare after sterilization. If pregnancy does occur, the risk of an ectopic pregnancy is higher than in women who did not have sterilization. Postpartum sterilization (or tubal ligation) is performed following the birth of a baby. For women who have had a vaginal delivery, a small incision is made in the abdomen (minilaparotomy). For women who have had a cesarean delivery, postpartum tubal ligation can be done through the same abdominal incision that was made for delivery. The American College of Obstetricians and Gynecologists (ACOG) affirmed their position for the use of hysterosalpingography (HSG) after tubal sterilization, emphasizing approval by the United States Food and Drug Administration of two devices for hysteroscopic tubal sterilization. ACOG emphasizes the necessity of performing HSG 3 months after hysteroscopic tubal sterilization to identify factors that may interfere with performance of an adequate HSG assessment.

In addition to the items noted above, ACOG also supports salpingectomy for ovarian cancer prevention. Committee Opinion No. 620 underscores the high mortality rate of ovarian cancer (the fifth leading cause of cancer deaths in women) and the lack of effective diagnostics for the disease. Researchers theorize that retrograde menses may cause endometriosis and clear cell carcinomas of the ovary, hence the potentially protective effects of salpingectomy. The authors of the Committee Opinion note the safety of salpingectomy, the lack of impact of the procedure on ovarian function, and the value of discussing bilateral salpingectomy as a method of contraception.

POSITION STATEMENT

Exclusions and Contraindications (Medicaid and Medicare)

Hysteroscopic tubal sterilization is contraindicated in any woman who:

- Can have only occlusion device placed (including members with apparent contralateral proximal tubal occlusion and members with a suspected unicornuate uterus); OR,
- Has previously undergone a tubal ligation; OR,
- Is uncertain about her desire to end fertility; OR,
- Has an active or recent upper or lower pelvic infection; OR,
- Delivery or termination of a pregnancy less than 6 weeks before occlusion device placement; OR,
- Known allergy to contrast media; OR,
- Pregnancy or suspected pregnancy.

Coverage

Applicable To:

✔ Medicaid

Tubal sterilization (e.g., hysteroscopic tubal sterilization or transcervical sterilization) is considered medically necessary for women who:
• Desire permanent birth control by bilateral occlusion or removal of the fallopian tubes.

NOTE: The following procedures are considered medically necessary for tubal ligation sterilization: Falope ring, Filshie clip, Hulka-Clemens clip, Pomeroy technique (tubal ligation).

In addition, a hysterosalpingogram (HSG) is considered medically necessary three months after surgery to verify insert placement and tubal occlusion.3

Applicable To:

✔ Medicare

Tubal sterilization (e.g., hysteroscopic tubal sterilization or transcervical sterilization) (e.g., Essure Micro-Insert, Adiana Permanent Contraception System) is considered medically necessary when sterilization is a necessary part of the treatment of an illness or injury (e.g., removal of a uterus because of a tumor, removal of diseased ovaries) or the member's life is at risk.4

Tubal sterilization (e.g., hysteroscopic tubal sterilization or transcervical sterilization) (e.g., Essure Micro-Insert, Adiana Permanent Contraception System) is not considered medically necessary for women who desire permanent birth control by bilateral occlusion of the fallopian tubes.

NOTE: The following procedures are considered medically necessary for tubal ligation sterilization: Falope ring, Filshie clip, Hulka-Clemens clip, Pomeroy technique (tubal ligation).

CODING

Covered CPT® Codes
58565 Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (Code covers both the procedure and the implants.)
58600 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
+58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58615 Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach
58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58670 Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671 Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)
58700 Removal of fallopian tube

HCPCS® Codes- No applicable codes.
A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system

Covered ICD-9-CM Diagnosis Codes
V25.2 Sterilization

Covered ICD-9-CM Procedure Codes
65.61 Other removal of both ovaries and tubes at same operative episode
65.62 Other removal of remaining ovary and tube
65.63 Laparoscopic removal of both ovaries and tubes at the same operative episode
65.64 Laparoscopic removal of remaining ovary and tube
66.21 Bilateral endoscopic ligation and crushing of fallopian tubes
66.22 Bilateral endoscopic ligation and division of fallopian tubes
66.29 Other bilateral endoscopic destruction or occlusion of fallopian tubes
66.31 Other bilateral ligation and crushing of fallopian tubes
66.32 Other bilateral ligation and division of fallopian tubes
66.39 Other bilateral destruction or occlusion of fallopian tubes
66.51 Removal of both fallopian tubes at same operative episode
66.52 Removal of remaining fallopian tube
Covered ICD-10-CM Diagnosis Codes
Z30.2 Encounter for sterilization

Covered ICD-10-PCS Codes
OU57_ZZ Destruction of bilateral fallopian tubes
OUL7_ZZ Occlusion of bilateral fallopian tubes
OUT5_ZZ Resection of right fallopian tube
OUT6_ZZ Resection of left fallopian tube
OUT7_ZZ Resection of bilateral fallopian tubes

Refer to the following ICD-10-PCS table(s) for specific PCS code assignment based on physician documentation.
NOTE: Per ICD-10-PCS Coding Guidelines, “ICD-10-PCS codes are composed of seven characters. Each character is an axis of classification that specifies information about the procedure performed. Within a defined code range, a character specifies the same type of information in that axis of classification. One of 34 possible values can be assigned to each axis of classification in the seven-character code”.


REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<tr>
<td>12/3/2015</td>
<td>• Approved by MPC. Updated codes.</td>
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<tr>
<td>7/9/2015</td>
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<tr>
<td>8/7/2014</td>
<td>• Approved by MPC. New.</td>
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