

## FEMALE GENITAL SYSTEM

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### I. CPT<sup>1</sup> PROCEDURE CODES

11975 - 11977, 55980, 56405 - 58301, 58340, 58345, 58346, 58350, 58353, 58400 - 58671, 58679, 58800 - 58960, 58999, 59001

### II. DESCRIPTION

The female genital system includes the female organs of reproduction.

### III. POLICY

A. Services and supplies required in the diagnosis and treatment of illness or injury involving the female genital system are covered.

B. Uterine suspension; parametrial fixation as treatment for uterine prolapse may be cost-shared only to retain the uterus for biologic purposes.

C. Intersex surgery (CPT<sup>1</sup> procedure code 55980) is limited to surgery performed to correct sex gender confusion/ambiguous genitalia which is documented to have been present at birth.

### IV. EXCLUSIONS

A. Prophylactics (condoms).

B. Over-the-counter spermicidal products.

C. Reversal of a surgical sterilization procedure (CPT<sup>1</sup> procedure codes 58672, 58673, 58750-58770).

D. Artificial insemination, including any costs related to donors and semen banks (CPT<sup>1</sup> procedure codes 58321-58323).

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E. In-Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT) and all other non-coital reproductive procedures, including all services and supplies related to, or provided in conjunction with, those technologies (CPT<sup>2</sup> procedure codes 58970-58976).

F. Hysterectomy (CPT<sup>2</sup> procedure codes 58150-58285, 58550, 59525) performed solely for purposes of sterilization in the absence of pathology.

G. Subtotal hysterectomy performed exclusively to preserve sexual function and/or to prevent postoperative complications (e.g., urinary incontinence; vaginal prolapse).

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