

## TRANSCERVICAL BALLOON TUBOPLASTY

Issue Date: September 23, 1991

Authority: [32 CFR 199.4\(c\)\(2\)](#), and [\(c\)\(3\)](#)

---

### I. PROCEDURE CODE

58345

### II. DESCRIPTION

Transcervical balloon tuboplasty is a noninvasive procedure usually performed under fluoroscopy using intravenous sedation or paracervical block in which two catheters are introduced into the cervical canal, and once stabilized, a radiopaque contrast medium is injected through the catheters, one at a time, and a hysterosalpingogram is performed to reconfirm proximal occlusion. Once proximal occlusion is confirmed, a third catheter is then advanced through the stabilized catheter up to the obstructed area and is inflated with a contrast medium or saline solution to dilate the occluded area. Dilation is repeated until tubal patency is established. The procedure is then repeated on the opposite side.

### III. POLICY

Transcervical balloon tuboplasty may be considered for cost-sharing for patients who:

- A. Have had a history of infertility for at least one year; and
- B. Have been diagnosed as having bilateral proximal tubal occlusion verified by at least one hysterosalpingogram and one laparoscopy within the previous 12 months.

### IV. EXCLUSIONS

Transcervical balloon tuboplasty for patients who:

- A. Do not meet the criteria outlined under "Policy" above.
- B. Have a history of previous tubal surgery.
- C. Have bilateral distal tubal occlusion.
- D. Have laparoscopic evidence of severe tubal and/or peritubal disease distal to the tubal obstruction site.

- E. **Have evidence of missing segments of fallopian tubes.**
- F. **Have evidence of uterine myomas at or close to the uterotubal junction.**

- END -