

FEMALE GENITAL SYSTEM

Issue Date: August 26, 1985

Authority: 32 CFR 199.4(c)(2), (c)(3), (e)(3), and (g)(34)

I. PROCEDURE CODE RANGE

56300 - 58999
11975 - 11977

II. DESCRIPTION

The female genital system includes the female organs of reproduction.

III. POLICY

A. Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the female genital system may be cost-shared subject to all applicable provisions of 32 CFR 199 and the provisions of this Manual.

B. Services and supplies directly related to noncovered treatment may not be cost-shared. Noncoital reproductive technologies (artificial insemination, in vitro fertilization, gamete intrafallopian transfer, etc.) is classified as noncovered treatment. "Services and supplies directly related to noncovered treatment" refers to those services and supplies specifically required to support noncovered treatment that would not be provided in the absence of the noncovered treatment.

C. Medically necessary services and supplies (including drugs, diagnostic tests, etc.) provided in conjunction with noncovered treatment may be cost-shared if those services and supplies would have been provided even in the absence of the noncovered treatment.

D. Subtotal hysterectomy may be cost-shared as an alternative treatment for benign diseases of the uterus in women with no family history and/or current evidence of malignancy.

E. Laparoscopic myomectomy may be cost-shared for the removal of benign leiomyomas of the uterus.

IV. POLICY CONSIDERATIONS

A. The Marshall or Bonney Test examination for stress incontinence is a covered procedure.

B. Colposcopy (57452; 57454; 57460) is a covered procedure.

C. Surgical insertion, removal and/or replacement of intrauterine devices (58300-58301) are covered. Measurement for (57170) and purchase of the contraceptive diaphragms are also covered.

D. Infertility testing and treatment, including correction of the physical cause of infertility may be cost-shared. Infertility is a symptom of an underlying physical condition which diminishes the body's capacity to produce offspring (i.e., hormonal insufficiency, blocked tube, etc.). These services may include diagnostic testing, surgical intervention, hormone therapy, and other procedures performed to correct or monitor progress in overcoming the cause of the infertility.

E. Combination oral contraceptives used in the management of dysfunctional uterine bleeding may be cost-shared.

V. EXCLUSIONS

The following services and/or supplies are excluded from coverage.

A. Prophylactics (condoms).

B. Over-the-counter spermicidal products.

C. Reversal of a surgical sterilization procedure.

D. Noncoital reproductive technologies:

1. Artificial insemination, including any costs related to donors and semen banks.
2. In Vitro fertilization.
3. Gamete Intrafallopian Transfer (GIFT).

E. Hysterectomy (58150-58285) performed solely for purposes of sterilization in the absence of pathology is excluded.

F. CPT 58400; 58410 (uterine suspension; parametrial fixation) as treatment for uterine prolapse may be cost-shared only to retain the uterus for biologic purposes.

VI. LIMITATIONS

A. Intersex surgery (CPT 55970 & 55980) is limited to surgery performed to correct sex gender confusion/ambiguous genitalia which is documented to have been present at birth (effective June 19, 1987).

- B. See: [Chapter 13, Section 3.7](#), SURGERY.
- C. See: [Chapter 13, Section 1.4](#), REBUNDLING OF PROCEDURE CODES.
- D. See: [Chapter 3, Section 13.6](#), ABORTIONS.
- E. See: [Chapter 8, Section 22.1](#), FAMILY PLANNING.

VII. EFFECTIVE DATE

- A. November 1, 1995 - Subtotal hysterectomy as alternative treatment for benign diseases.
- B. February 1, 1996 - Laparoscopic myomectomy.

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