

FEMALE GENITAL SYSTEM

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Authority: [32 CFR 199.4\(c\)\(2\)](#), [\(c\)\(3\)](#), [\(e\)\(3\)](#), and [\(g\)\(34\)](#)

I. PROCEDURE CODE RANGE

56300 - 58999 and 11975 - 11977

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 55970 & 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.

D. Artificial insemination, including any costs related to donors and semen banks.

E. In-Vitro Fertilization (VIF), 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.

F. Hysterectomy (58150-58285) 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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