

FEMALE GENITAL SYSTEM

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I. CPT¹ PROCEDURE CODES

11975 - 11977, [37210](#), 55980, 56405 - 58301, 58340, 58345, 58346, 58350, 58353, 58356, 58400 - 58671, 58679, 58700 - 58740, 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. Infertility testing and treatment, including correction of the physical cause of infertility, are covered under this provision. This does not include artificial insemination, which is excluded from coverage.

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 (CPT¹ procedure code 55980) is limited to surgery performed to correct sex gender confusion/ambiguous genitalia which is documented to have been present at birth.

NOTE: For policy on prophylactic mastectomy, prophylactic oophorectomy, and prophylactic hysterectomy, see [Chapter 4, Section 5.3](#).

IV. POLICY CONSIDERATION

Benefits are payable for Uterine Artery Embolization (UAE), as an alternative treatment (CPT¹ procedure code 37210) to hysterectomy or myomectomy, for those individuals with confirmed, symptomatic uterine fibroids who are premenopausal and who do not wish to preserve their childbearing potential.

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V. EXCLUSIONS

A. Prophylactics (condoms).

B. Over-the-counter (OTC) spermicidal products.

C. Reversal of a surgical sterilization procedure (CPT² procedure codes 58672, 58673, 58750-58770).

D. Artificial insemination, including any costs related to donors and semen banks (CPT² procedure codes 58321-58323).

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 (CPT² procedure codes 58970-58976).

F. Hysterectomy (CPT² 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).

H. Cervicography (CPT² category III procedure code 0003T) is unproven.

I. Uterine Artery Embolization (UAE) for individuals with specific contraindications, including such conditions as pelvic malignancy and pelvic inflammatory disease, and premenopausal patients who wish to preserve their childbearing potential.

J. Ultrasound ablation (destruction of uterine fibroids) with Magnetic Resonance Imaging (MRI) guidance (CPT² procedure code 0071T) in the treatment of uterine leiomyomata is unproven.

- END -

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