2009 Procedures Adult Criteria

Hysteroscopic Tubal Sterilization: Micro-Insertion Occlusive Device (Custom) - UDOH(1)

INDICATIONS (choose one and see below)

☐ 100 No future childbearing desired
☐ Indication Not Listed (Provide clinical justification below)

☐ 100 No future childbearing desired [All](2*MDR)
  ☐ 110 Patient desires permanent sterilization by bilateral occlusion of the fallopian tubes [One](3)
      ☐ 111 Medicaid Sterilization Consent Form 499-A signed by patient, provider and person obtaining consent and patient meets all state and federal sterilization requirements [Both]
          ☐ -1 Client is not institutionalized (e.g., Utah State Hospital) or incarcerated in a correctional facility (e.g., Utah State Prison)
          ☐ -2 Procedure performed no sooner than 30 days after the client signs the consent and no longer than 180 days after signing.
  ☐ 120 All contraindications for placement of the occlusive device have been ruled out [All](4*MDR)
      ☐ 121 Client has no other occlusive devices placed
      ☐ 122 No anomalies of fallopian tubes or uterus (including patients with apparent contralateral proximal tubal occlusion and members with a suspected unicornsate uterus)
      ☐ 123 Patient has not previously undergone a tubal ligation
      ☐ 124 No Pregnancy or Suspected Pregnancy confirmed by negative HCG pregnancy test
      ☐ 125 No delivery or termination of pregnancy less than six (6) weeks before occlusive device placement
      ☐ 126 No active upper or lower pelvic infection (e.g., Unspecified inflammatory disease of female pelvic organs and tissues, acute parametritis and pelvic cellulitis or chronic parametritis and pelvic cellulitis)
      ☐ 127 Patient has no known allergy to contrast media or known hypersensitivity to nickel
  ☐ 130 Documentation [Both]
      ☐ 131 Documentation of normal pap smear within the past 12 months
      ☐ 132 Documentation that the patient has been educated, understands and agrees to the following:

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☐ -1 An effective medical contraceptive must be in place one full menstrual cycle prior to initiation of the occlusive device procedure and is continued until occlusion is achieved. (5)

☐ -2 Hysterosalpingogram is required three months (90 days) after placement to confirm occlusion of the fallopian tubes. This requires separate prior authorization. If the imaging cannot confirm occlusion, then another HSG will be repeated 90 days later (6 months or 180 days) NOTE: Two hysterosalpingograms may be necessary for evaluation of complete occlusion. These procedures require separate prior authorizations.

Notes

(1)
The occlusive device was the first FDA-approved (2002) hysteroscopic approach to tubal sterilization. The primary advantages of this technique over other techniques of female sterilization are that the occlusive device is non-incisional and sterilization can be performed without general anesthesia.

Using a hysteroscopic approach, one occlusive device is placed in the proximal section of each fallopian tube lumen. The occlusive device expands upon release, acutely anchoring itself in the fallopian tube. The occlusive device subsequently elicits a benign tissue response. Tissue in-growth into the occlusive device anchors the device and occludes the fallopian tube, resulting in sterilization per Nichols et al (2006).

This procedure requires prior authorization by the Abortion/Sterilization and Hysterectomy Committee.

(2)-MDR:
This procedure requires prior authorization by the Abortion/Sterilization and Hysterectomy Committee

(3)-POL:
Utah Medicaid considers implantation of the occlusive device medically necessary for women who desire permanent birth control by bilateral occlusion of the fallopian tubes

(4)-MDR:
Any of the following ICD-9 codes are contraindicated:
• Acute parametritis and pelvic cellulitis;
• Chronic parametritis and pelvic cellulitis;
• Unspecified inflammatory disease of female pelvic organs and tissues
• Pregnancy, childbirth, and the puerperium
• Other anomaly of fallopian tubes
• Other anomalies of uterus

(5)
This is checked at the end of the first 90 days for occlusion by hysterosalpingogram. Generally the tubes are occluded by the end of 90 days, if not, 90 days later the tubes are then rechecked by imaging for occlusion which is 6 months or 180 days total.