

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 14.10  
**TITLE:** TRANSCERVICAL BALLOON TUBOPLASTY

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**AUTHORITY:** 38 USC 1713 and 38 CFR 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(c)(2) and (c)(3)

**TRICARE POLICY MANUAL:** Chapter 3, Section 12.1

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### I. EFFECTIVE DATE

September 23, 1991

### II. PROCEDURE CODE(S)

58345

### III. 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.

### IV. POLICY

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

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

## V. EXCLUSIONS

Transcervical balloon tuboplasty is not covered for patients who:

1. do not meet the criteria outlined under "Policy" above;
2. have a history of previous tubal surgery;
3. have bilateral distal tubal occlusion;
4. have laparoscopic evidence of severe tubal and/or peritubal disease distal to the tubal obstruction site;
5. have evidence of missing segments of fallopian tubes; or
6. have evidence of uterine myomas at or close to the uterotubal junction.

**\*END OF POLICY\***