

Sample Letter: Female Sterilization

### Sample Letter: Female Sterilization (Bilateral Salpingectomy)

[NAME]  
[ADDRESS]

[DATE]

To Whom It May Concern:

I am enrolled in a [INSURANCE COMPANY NAME] plan, policy number [POLICY NUMBER]. My health care provider [HAS PERFORMED/WILL PERFORM] a bilateral salpingectomy on [DATE]. This procedure was recommended in consultation with my health care provider based on my health needs. The Patient Protection and Affordable Care Act requires that my insurance provide coverage of this sterilization procedure with no cost sharing, however [I have been asked to pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] for this procedure] OR [I have been told that [COMPANY NAME] will not provide coverage of this this procedure without cost sharing].

Under § 1001 of the Patient Protection and Affordable Care Act (ACA), which amends § 2713 of the Public Health Services Act, all non-grandfathered group health plans and health insurance issuers offering group or individual coverage shall provide coverage of and not impose cost sharing for certain preventive services for women. The list of women's preventive services which must be covered in plan years starting after Aug. 1, 2012. Department guidance released on **January 10, 2022**, confirms that preventive service coverage includes "the full range of U.S. Food and Drug Administration (FDA)-approved, -granted, or -cleared contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care. Additionally, contraceptive care includes "screening, education, counseling, and provision of contraceptives (including in the immediate postpartum period)," as well as, "follow-up care (e.g., management, evaluation, and changes, including the removal, continuation, and discontinuation of contraceptives), sterilization procedures, and patient education and counseling for all women with reproductive capacity." (<http://www.hrsa.gov/womensguidelines/>). These methods are listed in the Food and Drug Administration's "Birth Control Guide," but also extends to any additional contraceptives approved, granted, or cleared by the FDA.<sup>1</sup> (Attached) My health insurance plan is non-grandfathered. Thus, the plan must comply with the women's preventive services requirement.

Specifically, the plan must provide coverage without cost sharing of the sterilization procedure which my provider [HAS PERFORMED/WILL PERFORM]. The ACA requires plans to provide coverage without cost sharing of *all* FDA approved contraceptive methods *and sterilization procedures*. Furthermore, the Departments of Labor, HHS and the Treasury notes that "if an individual's attending provider recommends a particular service or FDA-approved item based on a determination of medical necessity with respect to that individual, the plan or issuer must cover that service or item without cost sharing. Thus, a plan or issuer must defer to the determination of the attending provider.

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<sup>1</sup> <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-51.pdf>

[INCLUDE IF EXPERIENCING ISSUES WITH BILLING CODES]

According to conversations with representatives from [PLAN/ISSUER NAME] [IF AVAILABLE, include information received from plan/issuer], I am being billed for out-of-pocket costs because [PLAN/ISSUER NAME] claims that CPT/HCPCS Code [BILLING CODE USED FOR SERVICE] is not a *preventive services* code, and therefore, is not subject to the ACA's birth control coverage requirement. However, according to the Women's Preventive Services Initiative (WPSI) – launched by the American College of Obstetricians and Gynecologists (ACOG) and tasked with developing recommendations for women's preventive health care services – the billing code used for my bilateral salpingectomy procedure should be covered as a preventive service and subject to zero out-of-pocket costs.<sup>2</sup> I have included a screenshot of the preventive codes for your reference.

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<sup>2</sup> [https://www.womenspreventivehealth.org/wp-content/uploads/FINAL\\_WPSI\\_CodingGuide\\_2021\\_Individual.pdf](https://www.womenspreventivehealth.org/wp-content/uploads/FINAL_WPSI_CodingGuide_2021_Individual.pdf)

## 2) Laparoscopy

### PROCEDURE CODES

- When performing an elective sterilization in a traditional manner (eg, burning, transection, etc.), report code **58670 (Laparoscopy, surgical, with fulguration of oviducts [with or without transection])**.
- When performing a salpingectomy for sterilization, code **58661 (Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy))** is appropriate. If the salpingectomy for sterilization is performed bilaterally, CPT coding guidelines instruct that a 50 modifier (**Bilateral Procedure**) should be applied. However, not all payers recognize the 50 modifier in connection with **58661**.

### RECOMMENDATION CODING

### DIAGNOSIS CODES

**Z30.2** Encounter for sterilization

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
<b>Laparoscopy</b> Elective sterilization via traditional methods	<b>58670</b> Laparoscopy, surgical, with fulguration of oviducts (with or without transection)		<b>Z30.2</b> Encounter for sterilization
<b>Laparoscopy</b> Elective sterilization via salpingectomy	<b>58661</b> Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)		<b>Z30.2</b> Encounter for sterilization

### LAST PARAGRAPH OPTIONS:

(1)

I have spent [TOTAL AMOUNT] out of pocket on my bilateral salpingectomy, even though it should have been covered without cost sharing. I have attached copies of receipts which document these out-of-pocket expenses. I expect that [COMPANY NAME] will rectify this situation by ensuring that my procedure is covered by my plan without cost sharing in the future, reimbursing me for the out of pocket costs I have incurred during the period it was not covered without cost sharing, and changing any corporate policies that do not comply with the Affordable Care Act.

(2)

My health care provider is prepared to perform the Bilateral Salpingectomy when [COMPANY NAME] assures that I have coverage without cost sharing. I expect that [COMPANY NAME] will rectify this situation and notify me within 30 days of receipt of this letter that my preventive health procedure will be covered without cost sharing.

Sincerely,

[YOUR SIGNATURE]

Encl:

FDA Birth Control Guide (available at: <https://www.fda.gov/media/150299/download>)

Frequently Asked Questions about the Affordable Care Act (Part XII) (available at <http://www.dol.gov/ebsa/faqs/faq-aca12.html>)

Frequently Asked Questions about the Affordable Care Act (Part 51) (available at <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-51.pdf>)

WPSI Coding Guide (available at: [https://www.womenspreventivehealth.org/wp-content/uploads/FINAL\\_WPSI\\_CodingGuide\\_2021\\_Individual.pdf](https://www.womenspreventivehealth.org/wp-content/uploads/FINAL_WPSI_CodingGuide_2021_Individual.pdf)).

Copies of Receipts Documenting Out of Pocket Costs