

8/6/2013

To: RhodeIsland1115Waiver@ohhs.ri.gov

From: Anne Murray

Subject: Essure procedure

I am writing to express my strong support for adding the Essure procedure (58535) and post procedure hysterosalpingogram (Essure Confirmation Test 58340;74740) codes to the covered benefits provided by the Extended Family Planning program. I am an obstetrician/gynecologist working at the Providence Community Health Centers. I provide care for patients who are largely underserved and disadvantaged due to poverty, lack of health insurance, immigration status, cultural and language barriers or other reasons. The majority of my pregnant patients receive Medicaid coverage for the time of their pregnancy and then are on the EFP program for the 2 years after.

There are a significant group of women who need tubal ligation during the 2 years after delivery of a child, most often because they were unable to have post partum tubal ligation (PPTL) at the time of the birth of their child for the following reasons:

- 1) PPTL AFTER VAGINAL DELIVERY IS OFTEN CANCELED OR POSTPONED. PPTL is typically scheduled to be done on postpartum day 1 however it can be and often is cancelled due to various factors such as patient anemia, no time until very late on OR schedule, pt very obese or deemed too risky a candidate for this procedure.
- 2) SOMETIMES THE TUBAL LIGATION 30day CONSENT IS NOT SIGNED IN TIME TO GET THE PROCEDURE DONE AT THE TIME OF DELIVERY. Ironically, these patients are often the ones who most urgently need the procedure done - those who have not made it in for prenatal care due to lack of child care, drug or alcohol abuse or other issues.

Currently, these patients can be offered laparoscopic tubal ligation as early as 6-8 weeks postpartum which is better than nothing. I believe that Essure is a better option for patients. For certain groups of patients it is a safer option for the reasons below:

- 1) RECOVERY IS FASTER AFTER ESSURE. Patients go home feeling almost normal and have very minimal cramping if at all. After laparoscopic tubal ligation patients may need up to 2 weeks of recovery due to pain from insufflation of the abdomen as well as from the surgical incisions. This is particularly important for women who have infants and often other small to care for at home.
- 2) ESSURE IS A BETTER PROCEDURE FOR PATIENTS WHO ARE OBESE. Both postpartum tubal ligation and laparoscopic tubal ligation can be challenging on obese patients. The Essure procedure offers the benefit of a hysteroscopic approach through the vagina which is much easier and safer on an obese patient.
- 3) ESSURE IS A BETTER OPTION FOR PATIENTS WITH HISTORY OF PRIOR SURGERIES OR PELVIC INFECTIONS. Patients who have intraabdominal scar tissue from prior surgeries or infections such as appendicitis or pelvic inflammatory disease are at increased risk for surgical complications during laparoscopic or open abdominal surgeries. This risk is negated with Essure.

Essure is my personal procedure of choice for tubal sterilization due to its high efficacy, very minimal pain or recovery time for patients, lack of incisions in abdomen and use of the Essure

Confirmation Test to confirm successfully blocked tubes. I have lamented that I have not been able to provide this procedure to my postpartum patients on the EFP plan and it is my sincere hope that it will be added as a covered benefit. Please do not hesitate to contact me with any questions.

Sincerely,

Anne Murray, MD
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Central Health Center
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