

Department of Origin: Integrated Healthcare Services	Effective Date: 12/03/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 12/03/24
Clinical Policy Document: Fetal Procedures In Utero	Replaces Effective Clinical Policy Dated: 12/12/23
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PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I or II

- I. Fetal surgery in utero for any of the following indications: A - K
 - A. Ablation of anastomotic vessels in acardiac twins; or
 - B. Insertion of pleuro-amniotic shunt for fetal pleural effusion; or
 - C. Twin-twin transfusion syndrome (TTTS) – fetoscopic laser surgery, must meet all of the following:
 - 1 and 2
 1. Stages II, III, or IV; and
 2. Pregnancy is less than 26 weeks of gestation.
 - D. Sacrococcygeal teratoma (SCT) resection; or
 - E. Myelomeningocele (MMC) repair; or
 - F. Congenital cystic adenomatoid malformation (CCAM)/congenital pulmonary airway malformation (CPAM) – must satisfy any of the following: a or b
 - a. Fetal lobectomy (resection); or
 - b. Thoracoamniotic shunt placement.
 - G. Extralobar pulmonary sequestration (EPS) - thoracoamniotic shunt placement; or
 - H. Fetal pleural effusion – thoracoamniotic shunt placement; or
 - I. Twin reversed arterial perfusion trap (TRAP) – ablation or occlusion of anastomotic vessels (eg, laser coagulation or radiofrequency ablation); or
 - J. Urinary tract obstruction (UTO) – urinary decompression via vesicoamniotic shunt placement; or
 - K. Serial amnioreduction for twin-to-twin transfusion syndrome – must satisfy all of the following: 1 -4
 1. Women after 26 weeks of gestation; and

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2. Evidence of abnormal blood flow documented by Doppler studies in one or both fetuses; and
 3. Evidence of polyhydramnios in the recipient fetus; and
 4. Donor fetus is oligohydramniotic.
- II. Fetoscopic endoluminal tracheal occlusion (FETO) for intrauterine treatment of congenital diaphragmatic hernia (CDH) – must satisfy all of the following:
- A. Member has been diagnosed with CDH at less than 30 weeks gestation; and
 - B. Presence of severe pulmonary hypoplasia (defined as a quotient of the observed-to-expected lung-to-head ratios of less than 25%); and
 - C. Absence of other major structural or chromosomal defects.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

The following are considered investigative (see Investigative List): I – III

- I. Fetal in-utero surgery for treatment of congenital heart disease (CHD) (eg, mitral valve dysplasia) any of the following indications: A – I
 - i. Fetal aortic valvuloplasty
 - ii. Fetoscopic laser ablation for type 2 vasa previa
 - iii. Shunting for the treatment of fetal cerebral ventriculomegaly
 - iv. Treatment of amniotic band syndrome
 - v. Treatment of aqueductal stenosis (ie, hydrocephalus)
 - vi. Treatment of cleft lip and/or cleft palate
 - vii. Treatment of fetal hydronephrosis
 - viii. Treatment of gastroschisis
- II. Stem cell transplantation in utero
- III. Gene therapy in utero

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Prior Authorization: Yes, per network provider agreement

Precertification: Yes

CODING:

CPT® or HCPCS

59072 Fetal umbilical cord occlusion, including ultrasound guidance

59076 Fetal shunt placement, including ultrasound guidance

59897 Unlisted fetal invasive procedure, including ultrasound guidance, when performed

S2400 Repair, diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero

S2401 Repair, urinary tract obstruction in the fetus, procedure performed in utero

S2402 Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero

S2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero

S2404 Repair, myelomeningocele in the fetus, procedure performed in utero

S2405 Repair, sacrococcygeal teratoma in the fetus, procedure performed in utero

S2409 Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified

S2411 Fetoscopic laser therapy for treatment of twin-twin transfusion syndrome

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Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).