

Department of Origin: Integrated Healthcare Services	Effective Date: 12/12/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 12/05/23
Clinical Policy Document: Fetal Procedures In Utero	Replaces Effective Clinical Policy Dated: 12/06/22
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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

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, sex, sexual orientation, or gender identity. We do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

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

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact us at the phone number shown on the inside cover of this contract, your id card, or aspirushealthplan.com.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
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>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (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 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (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 1.866.631.5404 (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 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).