

Fetal Surgery For Prenatally Diagnosed Malformations

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Application:	
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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Fetal surgery typically involves opening the gravid uterus (with either a traditional cesarean surgical incision or through single or multiple fetoscopic port incisions), surgically correcting or palliating fetal abnormality, and returning the fetus to the uterus and restoring uterine closure.

Fetal surgery should be performed only when a successful procedure is necessary for fetal survival, or improves the long-term outcome or survival of the fetus following birth. The procedure should only be performed when there is not a significant risk for morbidity or mortality in the mother, or in premature labor as a result of the procedure.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

POLICY POSITION

Vesico-amniotic shunting as a treatment of urinary tract obstruction may be considered medically necessary in fetuses under the following conditions:

- Evidence of hydronephrosis due to bilateral urinary tract obstruction; and
- Progressive oligohydramnios; and
- Adequate renal function; and
- No other lethal abnormalities or chromosomal defects.

Vesico-amnio shunting is considered experimental/investigational for all other conditions and therefore noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Open in utero resection of malformed pulmonary tissue or placement of a thoraco-amniotic shunt may be considered medically necessary under the following conditions:

- Congenital cystic adenomatoid malformation (CCAM) or bronchopulmonary sequestration is identified; and
- The fetus is at 32 weeks gestation or less; and
- One or more of the following;
 - There is evidence of fetal hydrops, placentomegaly, and/or the beginnings of severe pre-eclampsia (i.e., the maternal mirror syndrome) in the mother; or
 - Congenital diaphragmatic hernia; or
 - For the prevention of pulmonary hypoplasia and pulmonary hypertension; or
 - Cardiac compression.

Open in utero resection of malformed pulmonary tissue or placement of a thoraco-amniotic shunt is considered experimental/investigational for all other conditions and therefore noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

In utero removal of sacrococcygeal teratoma (SCT) may be considered medically necessary under the following conditions:

- The fetus is at 32 weeks gestation or less; and
- One or more of the following:
 - There is evidence of fetal hydrops, placentomegaly, and/or the beginnings of severe pre-eclampsia (i.e., the maternal mirror syndrome) in the mother; or
 - Cardiac failure.

In utero removal of sacrococcygeal teratoma (SCT) is considered experimental/investigational for all other conditions and therefore noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

In utero open closure of myelomeningocele (MMC) may be considered medically necessary under the following conditions:

- The fetus is at less than 26 weeks gestation; and
- Myelomeningocele is present with an upper boundary located between T1 and S1 with evidence of hindbrain herniation.

In utero open closure of myelomeningocele (MMC) is considered experimental/investigational for all other conditions and therefore noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

NONCOVERED SERVICES

Experimental/investigational (E/I) services are not covered regardless of place of service.

CODING REQUIREMENTS

CPT Code	Description
59076	Fetal shunt placement, including ultrasound guidance.

59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed.
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero.

ELIGIBLE DIAGNOSIS CODES FOR PROCEDURE CODES 59076 AND S2401

Codes						
O35.8XX0	O35.8XX1	O35.8XX2	O35.8XX3	O35.8XX4	O35.8XX5	O35.8XX9
O41.00X0	O41.00X2	O41.00X3	O41.00X4	O41.00X5	O41.00X9	O41.01X0
O41.01X1	O41.01X2	O41.01X3	O41.0X14	O41.01X9	O41.02X0	O41.02X1
O41.02X2	O41.02X3	O41.02X4	O41.02X5	O41.02X9	O41.03X0	O41.03X1
O41.03X2	O41.03X3	O41.03X4	O41.03X5	O41.OX39	Q64.2	Q64.31
Q64.32	Q64.33	Q64.39				

ELIGIBLE DIAGNOSIS CODES FOR PROCEDURE CODES 59076 AND S2402

Codes						
O35.8XX0	O35.8XX1	O35.8XX2	O35.8XX3	O35.8XX4	O35.8XX5	O35.8XX9
Q33.0						

ELIGIBLE DIAGNOSIS CODES FOR PROCEDURE CODES 59076 AND S2403

Codes						
Q33.2	Q33.3	Q33.6	Q79.0			

ELIGIBLE DIAGNOSIS CODES FOR PROCEDURE CODE S2404

Codes						
O33.7XX0	O33.7XX1	O33.7XX2	O33.7XX3	O733.7XX4	O733.7XX5	O33.7XX9
Q05.0	Q05.1	Q05.2	Q05.3	Q05.4	Q05.5	Q05.6
Q05.7	Q05.9	Q07.00	Q07.01	Q07.02	Q07.03	

ELIGIBLE DIAGNOSIS CODES FOR PROCEDURE CODE S2405

Codes						
O33.7XX0	O33.7XX1	O33.7XX2	O33.7XX3	O33.7XX4	O33.7XX5	O33.7XX9
I50.9						

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POLICY UPDATE HISTORY

<Date>	<Event>
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