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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
Reference #: MC/G017	**Page:** 1 of 7

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 anastomic 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

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

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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PreferredOne Community Health Plan
PO Box 59052
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Fax: 763.847.4010
customerservice@preferredone.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

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ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသျှဉ်ဟသး– နမ့်ကတိ၊ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတ်မၤစၢၤလ၊ တလၫ်ဘူဉ်လၫ်စ့၊ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013).។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:
Provides 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)

Provides 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 a Grievance Specialist.

If you believe that PIC 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:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

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