



Subject: *Fetal Surgery*

Number: *200310-0007*

Effective date: 10/28/2003

Revision date(s): 10/21/2003

Important note

Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the *Evidence of Coverage* to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Medical Policy and Criteria Statement. Medicare and Medicaid policies will only apply to benefits paid for under Medicare or Medicaid rules, and not to any other health benefit plan benefits. The Centers for Medicare and Medicaid's *Coverage Issues Manual* can be found on the following Web site:
<http://www.cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>

Overview

Most fetal anatomic malformations are best managed after birth. However, advances in methods of prenatal diagnosis, particularly prenatal ultrasound, have led to a new understanding of the natural history and physiologic outcomes of certain congenital anomalies. Fetal surgery may be considered a logical extension of these diagnostic advances, related in part to technical advancement in anesthesia, tocolysis and hysterotomy. This policy pertains to the following clinical conditions:

- Urinary tract obstruction (UTO)
- Congenital diaphragmatic hernia (CDH)
- Congenital cystic adenomatoid malformation (CCAM) and extralobar pulmonary sequestration (EPS)
- Twin-twin transfusion syndrome (TTTS)

Fetal surgery is a specialized technique that requires a multidisciplinary approach, involving pediatric surgeons, perinatal obstetricians, sonographers, echocardiographers, neonatologists, intensive care specialists, geneticists, ethicists, and neonatal and obstetric nurses. Fetal surgery typically involves surgically opening the pregnant uterus (through a traditional Cesarean surgical incision or via single or multiple fetoscopic port incisions), correcting a fetal abnormality, returning the fetus to the uterus and closing the uterus. Fetal surgery also may be referred to as in utero or intrauterine surgery.

Policy and criteria

NOTE: These services require prior authorization by the plan Medical Director.

When services are covered:

We consider **fetal surgery** medically necessary for **any** of the following indications:

- Vesico-amniotic shunting as a treatment of urinary tract obstruction;
- Temporary tracheal occlusion as a treatment of congenital diaphragmatic hernia;
- In utero resection of malformed pulmonary tissue (see note), *or* placement of a thoraco-amniotic shunt as a treatment of *either* of the following:
 - congenital cystic adenomatoid malformation; *or*

- extralobar pulmonary sequestration

Note: Diagnosis of malformed pulmonary tissue must be made before 32 weeks' gestation.

We consider **fetoscopic laser therapy or surgery**, with or without amnioreduction, to be medically necessary as a treatment for twin-twin transfusion syndrome (TTTS) when:

- Diagnosis of severe TTTS is confirmed clinically and by ultrasound between 15 but less than 26 weeks' gestation; and
- The benefits of laser surgery outweigh the risks to a previsible fetus who is not a candidate for delivery and for whom the mortality rate is otherwise high.

Amnioreduction may be considered medically necessary as a treatment of TTTS.

Please note that the member's plan may not cover amnioreduction.

When services are not covered:

We **do not cover** services when the above criteria are not met or for any procedures or devices not listed above.

We **do not cover** fetal surgery for any other indication as it is considered investigational or experimental.

Codes:

Codes	Number	Description
CPT	59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
HCPCS	S2400	Repair, congenital diaphragmatic hernia in the fetus, 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
	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome

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FCHP products to which this policy applies:

- ⊕ FCHP Direct and FCHP Select Care (HMO)
- ⊕ FCHP Flex Care Direct and Select (POS)
- ⊕ Fallon Preferred Care (PPO)
- ⊕ FCHP MassHealth
- ⊕ Non-Group: FCHP Independent Care, Direct enrollment and Bill-at-home

Medicare plan – *reminder* to refer to CMS for policy and criteria

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Mandated benefit/Regulatory issues

- Federal
- Commonwealth of Massachusetts
- Medicare – National policy
- Medicare – Local medical review policy
- Not applicable

Committee review dates:

Accepted by Technology Assessment Committee: mm/yyyy

Approved by:	<i>Signature on file</i>	<i>10/31/2003</i>
	Dennis A. Batey, M.D.	Date
	Vice President and Chief Medical Officer	