

Fetal Surgery For Prenatally Diagnosed Malformations

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| Approved By: | Highmark Health Options – Market Leadership |
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| Products: | Medicaid |
| Application: | All participating hospitals and providers |
| Page Number(s): | 1 of 3 |

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

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

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

Prior authorization is required.

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.

A vesico-amniotic shunt is indicated for lower urinary tract obstruction in fetuses. Blockage of the urinary tract in utero related to conditions such as urethral atresia, posterior urethral valves, or "triad syndrome," can result in decreased fetal lung formation (pulmonary hypoplasia). A vesico-amniotic shunt between the bladder and amniotic space, can prevent pulmonary hypoplasia.

The Intrauterine fetal surgery may be medically necessary when performed to correct the following fetal conditions:

- Fetal lobectomy or thoracoamniotic shunt placement
- Congenital Cystic Adenomatoid Malformation (CCAM) and Extralobar Pulmonary Sequestration EPS)
- Thoracoamniotic shunt placement
- Pleural effusion
- Sacrococcygeal teratoma resection
- Sacrococcygeal teratoma
- Myelomeningocele repair
- Myelomeningocele
- Urinary decompression via vesicoamniotic shunt placement
- Lower urinary tract obstruction

NONCOVERED SERVICES

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

CODING REQUIREMENTS

| CPT Code | Description |
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| 59076 | Fetal shunt placement, including ultrasound guidance. |
| S2400 | Repair, Congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero. |
| S2405 | Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero. |

References

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POLICY UPDATE HISTORY

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| 07/27/2022 | Approved in Medical Policy Committee |
| 08/2022 | Approved in QI/UM |
| 05/24/2023 | Approved in Medical Policy Committee |
| 05/30/2023 | Approved in QI/UM |