This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

RMHP Intrauterine Fetal Surgery

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AUTH: RMHP-AC-5088 (AC)

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Definitions

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This policy addresses the use of intrauterine fetal surgery (IUFS), an open surgical treatment of fetuses with specific life-threatening conditions that involve a fetal malformation. During IUFS, a hysterotomy is performed, and the fetus is partially removed to correct a fetal malformation.

Clinical Indications for Procedure

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For members with RMHP Individual and Family Plan (IFP) through 8/31/204 and Medicare (CareAdvantage and Dual Special Needs Plan (DSNP) plans, the case will be pended for the reviewer to apply the guidelines in UnitedHealthcare Commercial and Individual Exchange Medical Policy, Intrauterine Fetal Surgery. The requester will be notified of the determination per proto col. Intrauterine Fetal Surgery — Commercial and Individual Exchange Medical Policy (uhcprovider.com)

For members with **RMHP PRIME (Medicaid) and CHP+** plans, the case will be pended for the reviewer to apply the guidelines in UnitedHealthcare Community Plan Medical Policy, Intrauterine Fetal Surgery. The requester will be notified of the determination per protocol. Intrauterine Fetal Surgery — Community Plan Medical Policy (uhcprovider.com)

References

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UnitedHealthcare Commercial and Individual Exchange Medical Policy, Intrauterine Fetal Surgery, Policy Number: 2023T0035AA Effective Date: October 1, 2023, reviewed 4/18/2024. Online Intrauterine Fetal Surgery - Commercial and Individual Exchange Medical Policy (uhcprovider.com)

UnitedHealthcare Community Plan Medical Policy, Intrauterine Fetal Surgery, Policy Number: CS062.O, Effective Date: July 1, 2023, reviewed 4/18/2024 online Intrauterine Fetal Surgery – Community Plan Medical Policy (uhcprovider.com)

No Centers for Medicare and Medicaid Services (CMS) National or Local Coverage Determination or Article (NCD/LCA) exists - searched Novitas/CMS Medicare Coverage Database 4/18/2024

Policy History

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History Summary: Retired former RMHP original policy to follow UHC guidance. Approved by committee hierarchy 6/3/2020. Annual reviews with updated references and committee approval 2021, 2022, 2023.

2024 Annual review and update

Codes

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CPT®: 59072, 59074, 59076, 59897

HCPCS: S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411

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