

Uterus Transplant

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Effective Date 8/2021

Next Review Date 6/15/2024

Coverage Policy Surgical 125

Version 1

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details*.

Purpose:

This policy addresses the medical necessity for Uterus Transplants.

Description & Definitions:

Uterus Transplant uses a donor uterus to allow the recipient to have children with the help of infertility services. Then the donor uterus is removed after completion of having children.

Criteria:

Uterus Transplants are considered not medically necessary for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor
0665T	Donor hysterectomy (including cold preservation); open, from living donor
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor

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0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

• 2024:

Reviewed Dates:

• 2023: June

• 2022: June

Effective Date:

August 2021

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Uterus%2520Transplant%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%

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Procedure Fee Files & CPT Codes. (2023). Retrieved June 9, 2023, from Department of Medical Assistance Services: https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/ & https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/

Special Notes: *

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This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Keywords:

Uterus Transplant, SHP Surgical 125, infertility

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