

## Uterus Transplant

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[Coverage Policy](#) Surgical 125  
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**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 of 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

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).

(2023). Retrieved June 9, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved June 9, 2023, from American Society for Reproductive Medicine (ASRM): <https://www.asrm.org/special-pages/search-results/?q=Uterus+Transplant>

(2023). Retrieved June 9, 2023, from HAYES: <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%>

(2023). Retrieved Jun 9, 2023, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Uterus+Transplant&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2023). Retrieved June 9, 2023, from Carel Medical Benefits Management: [https://guidelines.carelonmedicalbenefitsmanagement.com/?s=Uterus+Transplantation&et\\_pb\\_searchform\\_submit=et\\_search\\_proccess&et\\_pb\\_search\\_cat=11%2C1%2C96&et\\_pb\\_include\\_posts=yes](https://guidelines.carelonmedicalbenefitsmanagement.com/?s=Uterus+Transplantation&et_pb_searchform_submit=et_search_proccess&et_pb_search_cat=11%2C1%2C96&et_pb_include_posts=yes)

Fertility and reproductive hormone preservation: Overview of care prior to gonadotoxic therapy or surgery. (2022, Jul 8). Retrieved June 9, 2023, from UpToDate: [https://www.uptodate.com/contents/fertility-and-reproductive-hormone-preservation-overview-of-care-prior-to-gonadotoxic-therapy-or-surgery?search=Uterus%20Transplant&source=search\\_result&selectedTitle=3~17&usage\\_type=default&display\\_rank=3](https://www.uptodate.com/contents/fertility-and-reproductive-hormone-preservation-overview-of-care-prior-to-gonadotoxic-therapy-or-surgery?search=Uterus%20Transplant&source=search_result&selectedTitle=3~17&usage_type=default&display_rank=3)

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: \*

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### Keywords:

Uterus Transplant, SHP Surgical 125, infertility