

## Fetal Surgeries in Utero, OB 10

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Effective Date 03/2008  
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Coverage Policy OB 10  
Version 7

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

### Description & Definitions:

**Fetal surgeries in utero** use minimally invasive techniques or open repairs to operate on a fetus (unborn baby) in the uterus with a malformation, or specific birth defects. "A fetal intervention is offered in an attempt to avoid fetal death."

**Other common names:** antenatal surgery, Intrauterine fetal surgery (IUFS), fetoscopic surgery, In utero fetal surgery, fetoscopy, or Keyhole fetal surgery, Open maternal–fetal surgery, Prenatally Diagnosed Malformations, Fetoscopic endoluminal tracheal occlusion (FETO), "fetal intervention", maternal–fetal medicine specialist

### Criteria:

Fetal Surgeries In Utero are considered medically necessary for **All of the following** :

- Fetal surgery provided with a multidisciplinary team at a fetal care facility
- Fetus is between 19 + 0 to 29 + 6 weeks gestation
- Mother and fetus have no contraindications to surgery
- Mother does not have a short cervix (less than or equal to 15 mm)
- Mother has not had a previous pre-term birth
- Mother's body mass index (BMI) is less than 35
- Pregnancy is negative for placental abruption
- Repair of **1 or more** of the following:
  - o Ablation of anastomotic vessels in acardiac twins
  - o Amniotic band syndrome
  - o Congenital diaphragmatic hernia (CDH) using fetoscopic endoluminal tracheal occlusion (FETO) with ALL of the following :
    - Fetus has a poor congenital diaphragmatic hernia prognosis
    - Fetus has an Isolated left congenital diaphragmatic hernia
    - Fetus shows evidence of an observed/expected lung area to head circumference ratio (o/e LHR) <25 percent
    - Fetus is a singleton pregnancy
    - Fetus is between 27 + 0 to 29 + 6 weeks gestation

- Fetal aortic valvuloplasty (FAV) with salvageable left ventricle
- Myelomeningocele with ALL of the following:
  - Fetus is a singleton pregnancy
  - Fetus has a myelomeningocele with the upper boundary of the lesion located between T1 and S1 vertebrae
  - Fetus shows evidence of a hindbrain herniation
  - Fetus is between 19 + 0 to 25 + 9 weeks gestation
  - Fetus has no anomalies unrelated to the myelomeningocele
  - Fetus does not have fetal kyphosis
- Resection of malformed pulmonary tissue, or placement of a thoraco-amniotic shunt as a treatment of 1 or more of the following:
  - Congenital cystic adenomatoid malformation
  - Extralobar pulmonary sequestration
- Sacrococcygeal teratoma removal
- Twin-twin transfusion syndrome (TTTS) with ALL of the following:
  - Condition has been clinically and ultrasonographically confirmed as severe
  - Twins are less than 26 weeks gestation
  - Twins are monozygotic
- Vesico-amniotic shunting as a treatment of urinary tract obstruction

**Fetal Surgeries In Utero:** Current role remains uncertain, based on review of existing evidence, there are currently no clinical indications for this technology. Therefore, not medically necessary for any clinical indications.

- Aqueductal stenosis (i.e., hydrocephalus)
- Cleft lip and/or cleft palate
- Congenital heart defects other than
  - Critical aortic stenosis
  - Hypoplastic left heart syndrome (HLHS) with restrictive atrial septum
  - Hypoplastic left heart syndrome (HLHS) with intact atrial septum
  - Pulmonary atresia with intact ventricular septum
- In utero fetal gene therapy
- In utero fetal stem cell transplantation

## Document History:

### Revised Dates:

- 2025: January – Criteria updated references updated
- 2022: February
- 2021: February
- 2020: March
- 2019: October
- 2015: January
- 2013: December
- 2012: January
- 2011: February, July
- 2009: January

### Reviewed Dates:

- 2024: February
- 2023: February
- 2018: December
- 2017: December
- 2016: January
- 2014: January
- 2010: January

### Effective Date:

- March 2008

## Coding:

### Medically necessary with criteria:

Coding	Description
59076	Fetal shunt placement, including ultrasound guidance
59897	Unlisted fetal invasive procedure, including ultrasound guidance
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, 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
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero
S2409	Repair congenital malformation of fetus, procedure performed in utero, not otherwise classified
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion
59072	Fetal umbilical cord occlusion, including ultrasound guidance
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance

### Considered Not Medically Necessary:

Coding	Description
	None

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

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

## Special Notes: \*

- Coverage

- See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
  - Pre-certification by the Plan is required.
- Special Notes:
  - Commercial
    - 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.

## References:

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## Keywords:

In utero, fetal surgery, obstetrics 10, OB, Laser Cord Ablation, Twin Transfusion Syndrome, TTTS, myelomeningocele, acardiac twins, Sacrococcygeal teratoma, monozygotic twins, Fetoscopic endoluminal tracheal occlusion, FETO, congenital diaphragmatic hernia, CDH, Intrauterine fetal surgery, IUFS, fetoscopic surgery, In utero fetal surgery, fetoscopy, Keyhole fetal surgery, Open maternal–fetal surgery