

# Uterus Transplant

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Coverage Policy Surgical 125  
Version 1

**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

### Purpose:

This policy addresses 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

## 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:

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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: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

#### Keywords:

Uterus Transplant, SHP Surgical 125, infertility