

## Transabdominal Cerclage

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Coverage Policy OB 11  
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**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 Transabdominal Cerclage.

### Description & Definitions:

**Transabdominal Cerclage** is a surgical procedure done through the lower abdomen that allows a band or suture to be placed on the cervix to prevent and reinforce the cervix from opening and affecting pregnancy.

### Criteria:

**Transabdominal cerclage** is considered medically necessary for **1 or more** of the following:

- History-indicated (or prophylactic) cerclage should be offered in women who have had three or more preterm deliveries and/or mid trimester losses
- Individual has cervical incompetence upon physical exam and ultrasound with **All** of the following:
  - History of one or more spontaneous preterm birth and/or mid-trimester loss associated with painless cervical dilation without evidence of uterine activity
  - Other causes have been excluded
  - Individual has **1 or more** of the following:
    - Previous failed transvaginal cerclages
    - A shortened cervix length <25 mm on ultrasound
    - An amputated cervix
    - Severe trauma to the cervix
    - Post trauma to the cervix
    - Procedure is elective pre-conceptual after 1 or more mid trimester pregnancy losses
    - Present with exposed membranes prolapsing through the cervical os, a rescue cerclage can be considered on an individual case basis

**Transabdominal Cerclage** is considered **not medically necessary** for any use other than those indicated in clinical criteria.

## Coding:

### Medically necessary with criteria:

Coding	Description
59325	Cerclage of cervix, during pregnancy; abdominal
59898	Unlisted laparoscopy procedure, maternity care and delivery

### Considered Not Medically Necessary:

Coding	Description
	None

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

## Document History:

### Revised Dates:

- 2023: 2022: May
- 2019: October

### Reviewed Dates:

- 2023: April
- 2021: May
- 2020: July

### Effective Date:

- June 2019

## 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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Cervical Cerclage. (2023). Retrieved Mar 27, 2023, from American College of Obstetricians and Gynecologists (ACOG): <https://www.acog.org/womens-health/faqs/cervical-cerclage>

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### 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:

Transabdominal Cerclage, SHP Obstetrics 11, shortened cervix, amputated cervix, mid trimester pregnancy, Transabdominal Cervicoisthmic Cerclage, Open TAC, rescue or emergency cerclage, laparoscopic TAC, robotic-assisted laparoscopic TAC, Cerclage, TAC