

Transabdominal Cerclage

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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 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 In utero fetal stem cell transplantation

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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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:

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