

Transabdominal Cerclage, OB 11

Table of Content

Purpose

Description & Definitions

Criteria Coding

Document History

References

Special Notes

Keywords

Effective Date 06/2019

Next Review Date 5/14/2025

Coverage Policy OB 11

<u>Version</u> 5

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 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 loses
- 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.

OB 11 Page 1 of 4

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: May2019: October

Reviewed Dates:

2024: May

2023: April

2021: May

2020: July

Effective Date:

June 2019

References:

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OB 11 Page 2 of 4

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. 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.

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

OB 11 Page 3 of 4

OB 11 Page 4 of 4