APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

American College of Obstetricians and Gynecologists Bulletin (2009)

Stillbirth and intrauterine fetal demise (IUFD) accounts for 1 in 160 deliveries in the United States; 25,000 stillbirths at 20 weeks or greater are reported annually. Fetal death is defined as “the delivery of a fetus showing no signs of life as indicated by the absence of breathing, heart beats, pulsation of the umbilical cord, or definite movements of voluntary muscles”. Uniformity in reporting fetal deaths varies among states. The suggested requirement is to report
fetal deaths at 20 weeks gestation or greater or a weight greater than or equal to 350 grams (if gestational age is unknown). Common causes for IUFD and maternal risk factors include:

- Congenital and karyotypic anomalies
- Growth restriction and placental abnormalities
- Medical diseases (e.g., diabetes, systemic lupus erythematosus, renal disease, thyroid disorders, cholestasis of pregnancy)
- Hypertensive disease and preeclampsia
- Infections (e.g., human parvovirus B19, syphilis, streptococcal infection, listeria)
- Smoking
- Multiple gestation
- Maternal age of 35 years or older

POSITION STATEMENT

Applicable To:

☑ Medicaid

Exclusions

No exclusions listed.

Coverage

The following procedures and criteria apply to intrauterine fetal demise (IUFD) at 20 weeks or greater gestation. Inpatient requests for labor inductions for IUFD at ≥ 20 weeks gestation is considered medically necessary.

Note: IUFD under 20 weeks gestation is considered an abortus.

The delivery method following fetal demise is determined by the following:

- Gestational age when death occurred;
- Maternal history of previous uterine scar; and
- Maternal preference

Labor induction is advised for:

- A fetus at later gestational age;
- The unavailability of dilation and evacuation (second trimester); or
- Member preference.

Prior to 28 weeks gestational age, induction can be started with:

- Vaginal misoprostol (regardless of cervical Bishop score); OR
- High-dose oxytocin infusion.

After 28 weeks gestational age, induction should be managed according to typical obstetric protocol. Cesarean delivery should only be used in unusual circumstances. Dilation and evacuation in the second trimester can be offered however, the impact on efficacy of autopsy for detection of fetal abnormalities should be explained.

Cervical ripening with a trans cervical Foley catheter may lead to uterine rupture similar to spontaneous labor; this may benefit members with unfavorable cervical conditions.

CODING

Covered CPT® Codes – This list may not be all inclusive

59200 Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
59841 Induced abortion, by dilation and evacuation
59850 Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections),
including hospital admission and visits, delivery of fetus and secundines;

59851 Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

59852 Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)

59855 Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;

59856 Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

59857 Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)

59514 Cesarean delivery only
59515 Cesarean delivery only; including postpartum care

Covered HCPCS® Codes
S2260 Induced abortion, 17 to 24 weeks
S2265 Induced abortion, 25 to 28 weeks
S2266 Induced abortion, 29 to 31 weeks
S2267 Induced abortion, 32 weeks or greater

Covered ICD-10-PCS Codes
Refer to the following ICD-10-PCS table(s) for specific PCS code assignment based on physician documentation.

0U7C7ZZ Dilation of cervix, via natural/artificial opening
10907ZC Drainage of amniotic fluid, therapeutic from products of conception, via natural/artificial opening
10A07ZW Abortion of products of conception, Laminaria, via natural/artificial opening
10A07ZX Abortion of products of conception, Abortifacient, via natural/artificial opening
10D00Z0 Extraction of products of conception, classical, open approach
10D00Z1 Extraction of products of conception, low cervical, open approach
3E063VJ Introduction of other hormone into central artery, percutaneous approach
3E0E7GC Introduction of other therapeutic substance into products of conception, via natural/artificial opening

Covered ICD-10-CM Diagnosis Codes
O021 Missed abortion
O36.4XX0 - O36.4XX9 Maternal care for intrauterine death

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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