TREATMENT FOLLOWING INTRAUTERINE FETAL DEMISE
HS-209

Easy Choice Health Plan, Inc.
Harmony Health Plan of Illinois, Inc.
Missouri Care, Inc.
‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.
WellCare Health Insurance of Illinois, Inc.
WellCare Health Plans of New Jersey, Inc.
WellCare Health Insurance of Arizona, Inc.
WellCare of Florida, Inc.
WellCare of Connecticut, Inc.
WellCare of Georgia, Inc.
WellCare of Kentucky, Inc.
WellCare of Louisiana, Inc.
WellCare of New York, Inc.
WellCare of South Carolina, Inc.
WellCare of Texas, Inc.
WellCare Prescription Insurance, Inc.
Windsor Health Plan
Windsor Rx Medicare Prescription Drug Plan

Treatment Following Intrauterine Fetal Demise

Policy Number: HS-209

Original Effective Date: 7/11/2013
Revised Date(s): 8/7/2014; 7/9/2015

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.

Clinical Coverage Guideline

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DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. 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 Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. 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. Note: The lines of business (LOB) are subject to change without notice; consult www.wellcare.com/Providers/CCGs for list of current LOBs.

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

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 or greater 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.

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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 transcervical Foley catheter may lead to uterine rupture similar to spontaneous labor; this may benefit members with unfavorable cervical conditions.

**Coding**

**Covered CPT®* Codes**

- 59200 Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
- 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 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-9-CM Procedure Codes**

- 73.01 Induction of labor by artificial rupture of membranes; surgical induction NOS
- 73.1 Other surgical induction of labor; induction by cervical dilation
- 73.4 Medical induction of labor
- 74.0 - 74.1 Cesarean section and removal of fetus
- 75.0 Intra-amniotic injection for abortion
- 96.49 Other genitourinary instillation; insertion of prostaglandin suppository

**Covered DRAFT 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 Obstetrics, Pregnancy, Drainage, Products of Conception, via natural/artificial opening, amniotic fluid,
therapeutic

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<td>10A07ZW</td>
<td>Abortion of products of conception, Laminaria, via natural/artificial opening</td>
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<tr>
<td>10A07ZX</td>
<td>Abortion of products of conception, Abortifacient, via natural/artificial opening</td>
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<tr>
<td>10D00Z0</td>
<td>Extraction of products of conception, classical, open approach</td>
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<tr>
<td>10D00Z1</td>
<td>Extraction of products of conception, low cervical, open approach</td>
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<td>3E063VJ</td>
<td>Adm/ Physiological Systems/Anatomical Regions, Introduction, Central Artery, Percutaneous, Hormone, Other Hormone</td>
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<td>3E0E7GC</td>
<td>Adm/ Physiological Systems/Anatomical Regions, Introduction, Products of Conception, Via Natural/artificial opening, other substance</td>
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**Covered ICD-9-CM Diagnosis Codes**

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<tr>
<td>632</td>
<td>Missed abortion; Early fetal death before completion of 22 weeks gestation with retention of dead fetus</td>
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<tr>
<td>656.40</td>
<td>Intrauterine death; Fetal death after completion of 22 weeks gestation; Unspecified as to episode of care or not applicable</td>
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<td>656.41</td>
<td>Intrauterine death; Fetal death after completion of 22 weeks gestation; Delivered, with or without mention of antepartum condition</td>
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<tr>
<td>656.43</td>
<td>Intrauterine death; Fetal death after completion of 22 weeks gestation; Antepartum condition or complication</td>
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**Covered Draft ICD-10-CM Diagnosis Codes**

<table>
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<tr>
<td>O021</td>
<td>Missed abortion; Early fetal death, before completion of 20 weeks of gestation, with retention of dead fetus</td>
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<td>O364XX0 - O364XX9</td>
<td>Maternal care for intrauterine death, not applicable or unspecified</td>
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<td></td>
<td>Maternal care for intrauterine fetal death after completion of 20 weeks of gestation</td>
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**REFERENCES**


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

<table>
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<tr>
<td>7/11/2013</td>
<td>Approved by MPC. New CCG.</td>
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