



**RECURRENT SPONTANEOUS ABORTION**

Effective Date: December 18, 2002

Review Dates: 1/93, 12/99, 12/01, 12/02, 11/03,  
11/04, 10/05, 10/06, 10/07, 10/08, 10/09

Date of Origin: July 31, 1992

Status: Current

**I. DESCRIPTION**

Recurrent spontaneous abortion (RSA) is defined as 3 or more consecutive pregnancies with the same partner, which end in miscarriage before 20 weeks gestation. One theory about RSA is that the mother forms an allergic response to the placenta or other fetal tissue, and that the mother could be desensitized by giving her small doses of tissue from the father or from other's reproductive tissue. Primarily, two forms of immunotherapy have been attempted for RSA: injection of paternal leukocytes and intravenous immunoglobulin. The American College of Obstetricians and Gynecologists (2001) considers these two therapies as ineffective.

**II. POLICY/CRITERIA**

- A. The following are considered ineffective in the treatment of RSA and are **not covered** benefits:
1. Injection of paternal leukocytes (paternal white cell immunization or paternal cell alloimmunization)
  2. Intravenous immunoglobulin (IVIG) therapy

**III. MEDICAL NECESSITY REVIEW**

Required                       Not Required                       Not Applicable

**IV. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*



- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html).*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

**Special Notes:** This policy is renamed from the previous “Immunotherapy for Habitual Abortions”

## V. CODING INFORMATION

### ICD-9 Codes that may apply:

279.49	Autoimmune disease, not elsewhere classified
279.9	Unspecified disorder of immune mechanism
629.81	Habitual aborter without current pregnancy
634.00 – 634.92	Spontaneous abortion
646.30	Pregnancy complication, habitual aborter unspecified as to episode of care
646.31	Pregnancy complication, habitual aborter with or without mention of antepartum condition
646.33	Habitual aborter, antepartum condition or complication
V23.2	Pregnancy with history of abortion
V23.41	Pregnancy with history of pre-term labor
V23.49	Pregnancy with other poor obstetric history
V26.35	Encounter for testing of male partner of habitual aborter

### CPT/HCPCS Codes:

*Not specified*

*(See also policy 91514 Intravenous Immunoglobulin)*

## VI. REFERENCES

“Recurrent Pregnancy Loss” Aetna Coverage Policy Bulletins, No. 0348. 2002.

[www.aetna.com/cpb/data/PrtCPBA0348.html](http://www.aetna.com/cpb/data/PrtCPBA0348.html)

“Paternal/Fetal Immunotherapy” Blue Cross Blue Shield of Massachusetts, No. 387,

2001. [www.bcbsma.com/common/en\\_US/medical\\_policies/387.htm](http://www.bcbsma.com/common/en_US/medical_policies/387.htm)

“Paternal Leukocyte Immunization and Intravenous Immunoglobulin for Recurrent Spontaneous Abortion” HAYES, Inc. 1998



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