

RECURRENT SPONTANEOUS ABORTION

Effective Date: June 4, 2015

Review Dates: 1/93, 12/99, 12/01, 12/02, 11/03,
11/04, 10/05, 10/06, 10/07, 10/08, 10/09, 10/10, 10/11,
10/12, 10/13, 11/14, 5/15, 5/16, 5/17, 5/18

Date of Origin: July 31, 1992

Status: Current

I. POLICY/CRITERIA

A. The following are considered ineffective in the treatment of recurrent spontaneous abortion and are **not covered** benefits:

1. Injection of paternal leukocytes (paternal white cell immunization or paternal cell alloimmunization)
2. Intravenous immunoglobulin (IVIG) therapy

B. The following tests/studies are considered experimental and investigational and are not covered benefits:

1. Reproductive immunophenotype (CD3+, CD4+, CD5+, CD8+, CD16+, CD19+, CD56+)
2. Cytokine polymorphisms analysis (Th1/Th2 intra-cellular cytokine ratio)
3. Natural Killer (NK) cell testing

II. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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); if a coverage determination has not been adopted by CMS, this policy applies.*

- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

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

IV. 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.

V. CODING INFORMATION

ICD-10 Codes that may support medical necessity:

N96	Recurrent pregnancy loss
O09.211 - O09.219	Supervision of pregnancy with history of pre-term labor
O09.291 - O09.299	Supervision of pregnancy with other poor reproductive or obstetric history
O26.20 – O26.23	Pregnancy care for patient with recurrent pregnancy loss
Z31.441	Encounter for testing of male partner of patient with recurrent pregnancy loss

CPT/HCPCS Codes (*list not inclusive*):

88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
88187	Flow cytometry, interpretation; 2 to 8 markers
88188	Flow cytometry, interpretation; 9 to 15 markers
88189	Flow cytometry, interpretation; 16 or more markers

(See also Pharmacy authorization criteria for Intravenous Immunoglobulin)

VI. REFERENCES

- “Recurrent Pregnancy Loss” Aetna Coverage Policy Bulletins, No. 0348.
2002. www.aetna.com/cpb/data/PrtCPBA0348.html (Retrieved October 1, 2014, April 9, 2015, March 4, 2016, March 13, 2017 & March 28, 2018)
- “Paternal/Fetal Immunotherapy” Blue Cross Blue Shield of Massachusetts, No. 387,
2001. www.bcbsma.com/common/en_US/medical_policies/387.htm
- “Paternal Leukocyte Immunization and Intravenous Immunoglobulin for Recurrent Spontaneous Abortion” HAYES, Inc. 1998
- Seshadri S(1), Sunkara SK. Natural killer cells in female infertility and recurrent miscarriage: a systematic review and meta-analysis. Hum Reprod Update. 2014 May-Jun;20(3):429-38.
- Polanski LT(1), Barbosa MA, Martins WP, Baumgarten MN, Campbell B, Brosens J, Quenby S, Raine-Fenning N. Interventions to improve reproductive outcomes in women with elevated natural killer cells undergoing assisted reproduction techniques: a systematic review of literature. Hum Reprod. 2014 Jan;29(1):65-75.
- Recurrent Pregnancy Loss: Diagnosis and Treatment Cigna Medical Coverage Policy @
<https://cignaforhcp.cigna.com/web/public/resourcesGuest/resourceesearch>
(Retrieved April 9, 2015, March 4, 2016, March 13, 2017 & March 28, 2018)

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