Subject: Recurrent Pregnancy Loss (RPL) – Diagnostic*

Effective Date: March 27, 2007

Department(s): Utilization Management

Policy: Diagnostic testing as delineated below, in the evaluation of patients with RPL (defined as ≥2 consecutive spontaneous abortions [ICD-9 646.33; ICD-10 O26.20-O26.23]) is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to enumerate tests covered in patients with RPL.

Procedure: 1. Diagnostic tests reimbursable in the evaluation of non-genetic causes of RPL include, but are not limited to, the following:

   a) Pelvic ultrasound (CPT 76830, 76856)
   b) Hysteroscopy (CPT 58555)
   c) Hysterosalpingography (CPT 74740)
   d) Sonohysterography (CPT 76831)
   e) Pelvic MRI (CPT 72197) when ultrasound shows a complex anomaly or is inconclusive
   f) Endometrial biopsy (CPT 58558)
   g) Testing for lupus anticoagulant
   h) Testing for anticardiolipin antibody/ Beta 2 Glycoprotein 1 antibody (IgG and/or IgM) (CPT 86146, 86147) (antiphospholipid antibodies)
i) Thyroid function testing, including, but not limited to, antithyroid antibodies (CPT 86376) and TSH (CPT 84443)

j) Testing for diabetes mellitus

2. Diagnostic tests reimbursable in the evaluation of genetic causes of RPL include, but are not limited to, the following:
   a. Pre- and post-test genetic counseling.
   b. Peripheral blood karyotyping (CPT 88230, 88233, 88248, 88261, 88262, 88263, 88267, 88269, 88280, 88283, 88285) of the parents.
   c. Karyotype of the products of conception (see CPT codes above) When karyotyping is unsuccessful or not possible due to sample condition, chromosomal microarray testing (CPT 81228, 81229) may be considered medically necessary.

3. The following are deemed investigational and not reimbursable in the evaluation of patients with RPL:
   a. Lymphocyte subset assays
   b. Flow cytometry assays for maternal antibodies to paternal leukocytes
   c. Assays for embryocytotoxicity
   d. Anti-leukocyte antibody detection assays
   e. HLA tissue typing of each parent
   f. Testing for methylene tetrahydrofolate reductase (MTHFR) (CPT 81291) mutations
   g. Chromosomal microarray testing (CPT 81228, 81229) for routine evaluation, when karyotyping is available.

References


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Christiansen OB. Evidence-based investigations and treatments of recurrent pregnancy loss. Curr Opin Obst Stat Gynecol 2006;18(3):304-312 (Jun)

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.