Medical Policy

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Category: Maternity Care and Delivery

Title: Cervical Cerclage

Procedure Code(s): 59320

Description / Background

Cervical cerclage (also referred to as Tracheloplasty, Shirodkar, Lash type or McDonald's purse string procedure) is used for the treatment of an incompetent cervix that has been associated with previous spontaneous abortion or miscarriage. It is used to conserve an already existing pregnancy, and is considered a surgical procedure.

Cervical incompetence can occur from a variety of circumstances. It may be anatomic, but usually results from surgical or obstetric trauma to the cervix. A diagnosis of cervical incompetence is usually made when pregnancy loss occurs between 16 and 28 weeks' gestation. This is characterized by a sudden unexpected rupture of membranes followed by a painless expulsion of the products of conception.

A functional incompetence is defined as a cervix that is anatomically indistinguishable from a normal cervix, and is associated with a pregnancy loss as described above. Cervical incompetence can also frequently be associated with a congenital abnormality of the uterine fundus. There is controversy regarding the true definition of this disorder, and whether the clinical presentation of the individual with this condition is more diverse than previously defined. Other symptoms might include uterine cramps, leaking amniotic fluid, or chorioamnionitis.

CPT / HCPCS Level II Codes and Description

59320	Cerclage of cervix during pregnancy; vaginal
59325	Cerclage of cervix during pregnancy; abdominal

Diagnoses and Description

- Cervical incompetence, unspecified
- Cervical incompetence, delivered, with or without mention of antepartum condition
- Cervical incompetence, delivered, with mention of postpartum condition
- Cervical incompetence, antepartum condition or complication
- Cervical incompetence, postpartum condition or complication

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Medical Policy Statement

The safety and effectiveness of cervical cerclage have been established. It may be considered a useful therapeutic option for the treatment of an incompetent cervix.

Rationale

Cervical cerclage is a simple surgical procedure with low-risk to both mother and fetus. It may prevent premature loss of the fetus prior to fetus viability when the mother has documented cervical incompetence.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

Cervical cerclage has been established as a safe and effective for the treatment of an incompetent cervix.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

An emergent cervical cerclage is considered medically appropriate for the following:

- Premature effacement or dilation of the cervix in the absence of labor prior to 28 weeks gestation.
- Sonographic evidence of cervical shortening (2 cm or less) and/or funneling in an individual with prior history of mid-trimester delivery.
- Sonographic evidence of significant cervical shortening (2 cm or less) in a symptomatic individual (pressure, cramps, etc.) without a prior history of mid-trimester loss.

The release of the cervical cerclage is considered medically appropriate as part of the delivery.

The following are contraindications to the procedure:

- Labor
- Active uterine bleeding
- Chorioamnionitis

- Premature rupture of membranes
- Fetal anomaly incompatible with life
- Fetal demise

A prophylactic cervical cerclage is considered medically appropriate for the following:

- A prior pregnancy with an antepartum history consistent with incompetent cervix.
- Prepregnancy physical findings suggesting possible cervical incompetence in an individual with a history of prior spontaneous midtrimester abortion. For these individuals, at least one of the following must be documented:
  - Ability to introduce a number 8 Hegar dilator or equivalent through the internal os when patient is not pregnant.
  - Hysterosalpingogram demonstrating cervical funneling.
  - Clinical evidence of extensive obstetric or surgical trauma to cervix.
- Prior to the procedure, the following must be documented as completed:
  - An ultrasound examination to confirm fetal age, viability, and absence of major fetal anomaly.
  - Treatment of any documented preexisting urinary or genital tract infections.

The release of the cervical cerclage is medically appropriate as part of the delivery.
The following are contraindications to the procedure:

- Labor
- Active uterine bleeding
- Chorioamnionitis
- Premature rupture of membranes
- Fetal anomaly incompatible with life
- Fetal demise

Cervical cerclage should not be done for the treatment of preterm delivery, without evidence of an incompetent cervix.

Related Policies

N/A

Hyperlink

Medicare Information

There are no national or local Medicare review policies on this subject.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS

information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

References

- Blue Cross Blue Shield Association Medical Policy # 4.01.03, "Cervical Cerclage," last review date 6/15/99, currently archived.
- Blue Cross Blue Shield of Tennessee Medical Policy "Cervical Cerclage," 5/1/01.
- http://home.mdconsult.com/das/journal/view/16304585/N/11894375?ja=228107&PAGE=1.html&sid=82419246&source=MI, Novy, Miles J. MD et al, "Transactions of the Sixty-Seventh Annual Meeting of the Pacific Coast Obstetrical and Gynecological Society", American Journal of Obstetrics and Gynecology, Volume 184, Number 7, June 2001.

Joint BCBSM/BCN Medical Policy History

Date	Rationale
6/25/02	Joint medical policy established
11/18/03	See comment below

Next Review: This is an established policy and no longer subject to periodic review

Pre-Consolidation Medical Policy History

Original Policy Date		Comments
BCN	N/A	Revised: N/A
BCBSM	6/15/99	Revised: N/A