

Recurrent Pregnancy Loss

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P&P # C.6.29

A. Documentation Required:

To facilitate the authorization process, referral requests must include the following:

1. How diagnosis of recurrent pregnancy loss was made;
2. Previous workup of recurrent pregnancy loss if performed.

B. Criteria for Medical Necessity:

Evaluation for recurrent pregnancy loss is considered medically necessary if **ALL** the following criteria are met:

1. Criteria for recurrent pregnancy loss are met as stated in the definitions; **AND**
2. The individual desires future pregnancy.

For women, the following is considered medically necessary for evaluation of recurrent pregnancy loss as defined above as appropriate:

1. History and physical exam
2. Studies/procedures when clinically indicated:
 - a. Karyotyping (cytogenetic analysis) to detect balanced chromosomal abnormalities;
 - b. Karyotyping of abortus tissue for a subsequent spontaneous abortion;
 - c. Anticardiolipin (IgM or IgG) antibodies, Anti-beta2-glycoprotein (IgM or IgG) antibodies, and Lupus anticoagulant for diagnosis of antiphospholipid antibody syndrome;
 - d. Hysterosalpingogram (HSG), pelvic sonogram, sonohysterography or hysteroscopy to diagnose uterine anatomic abnormalities;
 - e. MRI of the head, if prolactin is elevated
 - f. MRI of the uterus if a uterine anomaly is suspected and other imaging studies do not yield a definitive diagnosis

For **women**, hysteroscopic surgical correction of septate uterus associated with recurrent pregnancy loss may be considered medically necessary for treatment of recurrent pregnancy loss if corrected may allow a woman to carry a fetus to full gestation.

For **men**, karyotyping (cytogenetic analysis) is considered medically necessary for evaluation of recurrent pregnancy loss as appropriate.

C. Indications Considered Experimental, Investigational or Not Medically Necessary: *(Not all inclusive)*

1. The individual does not desire future pregnancy.
2. The following testing when performed solely for the evaluation of recurrent pregnancy loss:
 - a. Testing for sperm morphology or sperm aneuploidy and DNA fragmentation;
 - b. Screening for inherited thrombophilias, e.g., Factor V Leiden and prothrombin gene mutations, protein C, S and antithrombin deficiencies;
 - c. Measurement of other antibodies for diagnosis of antiphospholipid antibody syndrome other than those listed above, e.g., antibodies to phosphatidylserine;

- d. Infectious testing for Ureaplasma, mycoplasma, listeria, toxoplasma, rubella, cytomegalovirus, herpes virus;
 - e. Interleukin gene polymorphism testing;
 - f. Endometrial biopsies for evaluation of luteal phase defect.
3. The following treatments when performed solely for treatment of recurrent pregnancy loss:
 - a. Hysteroscopic adhesiolysis for women with amenorrhea related to Asherman syndrome/intrauterine synechiae;
 - b. Removal of uterine fibroids;
 - c. Varicocelectomy for men;
 - d. Immunomodulatory treatments or intravenous immunoglobulin (IVIG);
 - e. Paternal/donor white blood cell infusion/immunization;
 4. The following treatments which are considered infertility treatments
 - a. Purchase of donor sperm and/or storage of sperm
 - b. Purchase of donor eggs and any associated charges
 - c. Cryopreservation or storage of cryopreserved embryos
 - d. Frozen embryo transfers
 - e. Home ovulation prediction kits
 - f. Artificial insemination
 - g. In Vitro Fertilization with Embryo Transfer (IVF-ET)
 - h. Gamete Intrafallopian Transfer (GIFT)
 - i. Intracytoplasmic Sperm Injection (ICSI)
 - j. Tubal Embryo Transfer (TET)
 - k. Epididymal sperm aspiration and cryopreservation

REFERENCES:

American Society for Reproductive Medicine: Diagnostic evaluation of the infertile male: a committee opinion. *Fertility and Sterility*. 2015; 103: e18-25

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American Society for Reproductive Medicine: Evaluation and treatment of recurrent pregnancy loss: a committee opinion. *Fertility and Sterility*. 2012;98(5):1103-1111.

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