



## Recurrent Pregnancy Loss

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P&P # C.6.29

### Policy

The Medical Management Department reviews referral requests for evaluation of recurrent pregnancy loss.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

### Procedure

#### A. Documentation Required:

In order 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** of 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:

1. History and physical exam
2. Studies/procedures when clinically indicated:
  - a. Karyotyping (cytogenetic analysis) to detect balanced chromosomal abnormalities;
  - b. Karyotyping or chromosomal microarray analysis of miscarriage 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), transvaginal ultrasound, sonohysterogram 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.

### C. Indications Considered 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;

### **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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