Priority Health

MEDICAL POLICY
No. 91156-R5

RECURRENT PREGNANCY LOSS

Effective Date: May 24, 2023	**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, 5/19, 5/20, 5/21, 5/22, 5/23, 5/24, 5/25**
Date of Origin: July 31, 1992	**Status: Current**

* Note: This policy was formerly called Recurrent Spontaneous Abortion

I. POLICY/CRITERIA

A. The following are considered ineffective in the treatment of recurrent pregnancy loss and are not medically necessary:

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:

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

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the Priority Health Provider Manual.

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) and/or the Evidence of Coverage (EOC); 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 pregnancy loss (RPL) is also referred to as recurrent spontaneous abortion or repeated miscarriage. The definition of RPL varies between guidelines from different national and international scientific societies, but may be defined as the spontaneous loss of 3 or more consecutive pregnancies, which are not required to be intrauterine (Jauniaux, 2006; RCOG, 2011) or 2 or more failed clinical pregnancies as documented by ultrasonography or histopathologic examination (ASRM, 2020).

Suspected causes of RPL include genetics, age, antiphospholipid syndrome, uterine anomalies, thrombophilias, hormonal or metabolic disorders, infection, autoimmunity, sperm quality, and environmental, occupational or personal habit factors, however, there are no definitive conclusions (ASRM, 2012).

RPL has been hypothesized as being related to alloimmune disorders. Methods of immunotherapy such as injection of paternal leukocytes and intravenous immunoglobulin have been investigated. However, evidence in the published, peer-reviewed scientific literature and professional society recommendations suggests that these treatments do not provide significant beneficial effect. The American College of Obstetricians and Gynecologists 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
0607U	Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 31 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations
0608U	Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 10 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations

(See also Pharmacy authorization criteria for Intravenous Immunoglobulin)

VI. REFERENCES

1. American College of Obstetricians and Gynecologists (ACOG). Early Pregnancy Loss. ACOG Practice Bulletin No. 200. Obstetrics & Gynecology. 2018 Nov (reaffirmed 2021); 132 (5) e197-207.
2. American College of Obstetricians and Gynecologists (ACOG). Management of recurrent early pregnancy loss. ACOG Practice Bulletin No. 24. Int J Gynaecol Obstet. 2002 Aug;78(2):179-90.
3. American Society for Reproductive Medicine, Practice Committee. Definitions of infertility and recurrent pregnancy loss: a committee opinion. Fertility and Sterility; 2013: 99 (1), 62-63
4. American Society for Reproductive Medicine, Practice Committee. Evaluation and treatment of recurrent pregnancy loss: a committee opinion. 2012: 98 (5), 1103-11.
5. Bagkou Dimakou D, Tamblyn J, Lissauer D, Richter A. Evaluation of peripheral NK tests offered to women with recurrent pregnancy loss and a search for novel candidate biomarkers. J Reprod Immunol. 2025 Mar 18;169:104522. doi: 10.1016/j.jri.2025.104522. Epub ahead of print. PMID: 40112444.
6. Christiansen OB. Special Issue Recurrent Pregnancy Loss: Etiology, Diagnosis, and Therapy. J Clin Med. 2021 Oct 28;10(21):5040. doi: 10.3390/jcm10215040. PMID: 34768559; PMCID: PMC8584478.

7. de Assis V, Giugni CS, Ros ST. Evaluation of Recurrent Pregnancy Loss. Obstet Gynecol. 2024 May 1;143(5):645-659. doi: 10.1097/AOG.0000000000005498. Epub 2024 Jan 4. PMID: 38176012.
8. Ford HB, Schust DJ. Recurrent pregnancy loss: etiology, diagnosis, and therapy. Rev Obstet Gynecol. 2009 Spring;2(2):76-83. PMID: 19609401; PMCID: PMC2709325.
9. Jauniaux E, Farquharson RG, Christiansen OB, Exalto N. Evidence-based guidelines for the investigation and medical treatment of recurrent miscarriage. Hum Reprod. 2006;21(9):2216.
10. 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.
11. 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.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.