

Department of Origin: Integrated Healthcare Services	Effective Date: 12/12/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 12/05/23
Clinical Policy Document: Fetal Procedures In Utero	Replaces Effective Clinical Policy Dated: 12/06/22
Reference #: MC/G017	Page: 1 of 7

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I or II

- I. Fetal surgery in utero for any of the following indications: A - K
 - A. Ablation of anastomotic vessels in acardiac twins; or
 - B. Insertion of pleuro-amniotic shunt for fetal pleural effusion; or
 - C. Twin-twin transfusion syndrome (TTTS) – fetoscopic laser surgery, must meet all of the following:
 - 1 and 2
 1. Stages II, III, or IV; and
 2. Pregnancy is less than 26 weeks of gestation.
 - D. Sacrococcygeal teratoma (SCT) resection; or
 - E. Myelomeningocele (MMC) repair; or
 - F. Congenital cystic adenomatoid malformation (CCAM)/congenital pulmonary airway malformation (CPAM) – must satisfy any of the following: a or b
 - a. Fetal lobectomy (resection); or
 - b. Thoracoamniotic shunt placement.
 - G. Extralobar pulmonary sequestration (EPS) - thoracoamniotic shunt placement; or
 - H. Fetal pleural effusion – thoracoamniotic shunt placement; or
 - I. Twin reversed arterial perfusion trap (TRAP) – ablation or occlusion of anastomotic vessels (eg, laser coagulation or radiofrequency ablation); or
 - J. Urinary tract obstruction (UTO) – urinary decompression via vesicoamniotic shunt placement; or
 - K. Serial amnioreduction for twin-to-twin transfusion syndrome – must satisfy all of the following: 1 -4
 1. Women after 26 weeks of gestation; and

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2. Evidence of abnormal blood flow documented by Doppler studies in one or both fetuses; and
 3. Evidence of polyhydramnios in the recipient fetus; and
 4. Donor fetus is oligohydramniotic.
- II. Fetoscopic endoluminal tracheal occlusion (FETO) for intrauterine treatment of congenital diaphragmatic hernia (CDH) – must satisfy all of the following:
- A. Member has been diagnosed with CDH at less than 30 weeks gestation; and
 - B. Presence of severe pulmonary hypoplasia (defined as a quotient of the observed-to-expected lung-to-head ratios of less than 25%); and
 - C. Absence of other major structural or chromosomal defects.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

The following are considered investigative (see Investigative List): I – III

- I. Fetal in-utero surgery for treatment of congenital heart disease (CHD) (eg, mitral valve dysplasia) any of the following indications: A – I
 - i. Fetal aortic valvuloplasty
 - ii. Fetoscopic laser ablation for type 2 vasa previa
 - iii. Shunting for the treatment of fetal cerebral ventriculomegaly
 - iv. Treatment of amniotic band syndrome
 - v. Treatment of aqueductal stenosis (ie, hydrocephalus)
 - vi. Treatment of cleft lip and/or cleft palate
 - vii. Treatment of fetal hydronephrosis
 - viii. Treatment of gastroschisis
- II. Stem cell transplantation in utero
- III. Gene therapy in utero

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Prior Authorization: Yes, per network provider agreement

Precertification: Yes

CODING:

CPT® or HCPCS

59072 Fetal umbilical cord occlusion, including ultrasound guidance

59076 Fetal shunt placement, including ultrasound guidance

59897 Unlisted fetal invasive procedure, including ultrasound guidance, when performed

S2400 Repair, diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero

S2401 Repair, urinary tract obstruction in the fetus, procedure performed in utero

S2402 Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero

S2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero

S2404 Repair, myelomeningocele in the fetus, procedure performed in utero

S2405 Repair, sacrococcygeal teratoma in the fetus, procedure performed in utero

S2409 Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified

S2411 Fetoscopic laser therapy for treatment of twin-twin transfusion syndrome

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REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion. Maternal-Fetal Surgery for Myelomeningocele. Number 720, September 2017. Reaffirmed 2022. Retrieved from <https://www.acog.org/clinical/clinical-guidance/committee-opinion>. Accessed 09-07-23.
4. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin. Neural Tube Defects. Number 187, December 2017 (Reaffirmed 2021). Retrieved from <https://www.acog.org/clinical/clinical-guidance/practice-bulletin>. Accessed 09-07-23.
5. American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion. Maternal-Fetal Intervention and Fetal Care Centers. Number 501, August 2011 (Reaffirmed 2020). Retrieved from <https://www.acog.org/clinical/clinical-guidance/committee-opinion>. Accessed 09-07-23.
6. Baskin LS. Fetal hydronephrosis: Etiology and prenatal management. (Topic 6099, Version 44.0; last updated: 12/02/2021). In: Hoppin AG, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 09-20-23.
7. Bulas DI, Egloff A. Bronchopulmonary sequestration: Prenatal diagnosis and management. (Topic 13515, Version 22.0; last updated: 06/16/22) In: Barss VA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 09-20-23.
8. Egler RA, Levine D, Wilkins-Haug L. Sacrococcygeal teratoma. (Topic 5200, Version 27.0; last updated: 01/30/23) In: Eichler AF, Barss VA, eds. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 09-20-23.
9. Egloff A, Bulas DI. Congenital pulmonary airway malformation: Prenatal diagnosis and management. (Topic 14207, Version 35.0; last updated: 06/16/23) In: Barss VA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 09-20-23.
10. Miller R. Twin reversed arterial perfusion (TRAP) sequence. (Topic 14205, Version 30.0; last updated: 08/03/23) In: Barss VA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 09-20-23.

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11. Papanna R, Bergh E. Twin-twin transfusion syndrome: Management and outcome. (Topic 6793, Version 94.0; last updated: 08/17/23) In: Barss VA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 09-20-23.
12. Philips III JB. Approach to the neonate with pleural effusions. (Topic 88437, Version 19.0; last updated: 09/17/23) In: Armsby C, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 09-20-23.
13. Society for Maternal-Fetal Medicine (SMFM). SMFM Consult Series #46: Evaluation and management of polyhydramnios. 2018. Retrieved from [https://www.ajog.org/article/S0002-9378\(18\)30589-1/pdf](https://www.ajog.org/article/S0002-9378(18)30589-1/pdf). Accessed 09-07-23.
14. Society for Maternal-Fetal Medicine (SMFM), Norton ME, Chauhan SP, et al. Society for maternal-fetal medicine (SMFM) clinical guideline #7: nonimmune hydrops fetalis. *Am J Obstet Gynecol*. 2015 Feb;212(2):127-39. Retrieved from: <https://www.smfm.org/publications/185-nonimmune-hydrops-fetalis>. Accessed 09-07-23.
15. Adzick NS, Thom EA, Spong CY, et al. A randomized trial of prenatal versus postnatal repair of myelomeningocele. *N Engl J Med*. 2011;364(11):993-1004.
16. Araujo Júnior E, Tonni G, Chung M, et al. Perinatal outcomes and intrauterine complications following fetal intervention for congenital heart disease: systematic review and meta-analysis of observational studies. *Ultrasound Obstet Gynecol*. 2016 Oct;48(4):426-433.
17. Cabassa P, Fichera A, Prefumo F, et al. The use of radiofrequency in the treatment of twin reversed arterial perfusion sequence: a case series and review of the literature. *Eur J Obstet Gynecol Reprod Biol*. 2013; Feb;166(2):127-32.
18. Chang YL, Hsu CC, Chao AS, Chang SD, Cheng PJ, Li WF. Effect of Fetoscopic Laser Photocoagulation on Fetal Growth and Placental Perfusion in Twin-Twin Transfusion Syndrome. *J Clin Med*. 2022 Jul 28;11(15):4404. doi: 10.3390/jcm11154404. PMID: 35956021; PMCID: PMC9368961.
19. Chon AH, Chmait HR, Korst LM, et al. Long-term outcomes after thoracoamniotic shunt for pleural effusions with secondary hydrops. *J Surg Res*. 2019;233:304–309.
20. Cohen AR, Couto J, Cummings JJ, et al. Position statement on fetal myelomeningocele repair. *Am J Obstet Gynecol*. 2014; 210(2):107-11.
21. Committee on Obstetric Practice, Society for Maternal–Fetal Medicine. Committee opinion No. 720: Maternal-fetal surgery for myelomeningocele. *Obstet Gynecol*. 2017 Sep;130(3):e164-e167. Reaffirmed 2021.
22. Committee on Practice Bulletins-Obstetrics. Practice Bulletin No. 187: Neural tube defects. *Obstet Gynecol*. 2017 Dec;130(6):e279-e290.
23. Crombleholme TM, Shera D, Lee H, et al. A prospective, randomized, multicenter trial of amnioreduction vs selective fetoscopic laser photocoagulation for the treatment of severe twin-twin transfusion syndrome. *Am J Obstet Gynecol* 2007;197:396.e1- 396.e9.
24. Danzer E, Adzick NS, Rintoul NE, et al. Intradural inclusion cysts following in utero closure of myelomeningocele: clinical implications and follow-up findings. *J Neurosurg Pediatr*. 2008; Dec;2(6):406-13.
25. Danzer E, Gerdes M, Bebbington MW, et al. Lower extremity neuromotor function and short-term ambulatory potential following in utero myelomeningocele surgery. *Fetal Diagn Ther*. 2009; Jan 28;25(1):47-53.
26. Deprest JA, Benachi A, Gratacos E, et al.; TOTAL Trial for moderate hypoplasia investigators. Randomized trial of fetal surgery for moderate left diaphragmatic hernia. *N Engl J Med*. 2021b Jul 8;385(2):119-129.
27. Deprest JA, Nicolaides KH, Benachi A, et al.; TOTAL Trial for severe hypoplasia investigators. Randomized trial of fetal surgery for severe left diaphragmatic hernia. *N Engl J Med*. 2021a Jul 8;385(2):107-118.

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28. Deprest J, Jani J, Van Schoubroeck D, et al. Current consequences of prenatal diagnosis of congenital diaphragmatic hernia. *J Pediatr Surg.* 2006 Feb;41(2):423-30.
29. Freud LR, McElhinney DB, Marshall AC, et al. Fetal aortic valvuloplasty for evolving hypoplastic left heart syndrome: postnatal outcomes of the first 100 patients. *Circulation.* 2014 Aug 19;130(8):638-45.
30. Graef C, Ellenrieder B, Hecher K, et al. Long-term neurodevelopmental outcome of 167 children after intrauterine laser treatment for severe twin-twin transfusion syndrome. *Am J Obstet Gynecol.* 2006 Feb;194(2):303-08.
31. Grivell RM, Andersen C, Dodd JM. Prenatal interventions for congenital diaphragmatic hernia for improving outcomes. *Cochrane Database Syst Rev.* 2015 Nov 27;(11):CD008925.
32. Hedrick HL, Flake AW, Crombleholme TM, et al. Sacrococcygeal teratoma: prenatal assessment, fetal intervention, and outcome. *J Pediatr Surg.* 2004;39(3):430-438.
33. Hirose S, Farmer DL, Lee H, et al. The ex utero intrapartum treatment procedure: Looking back at the EXIT. *J Pediatr Surg.* 2004 Mar;39(3):375-80.
34. Jeong BD, Won HS, Lee MY, et al. Perinatal outcomes of fetal pleural effusion following thoracoamniotic shunting. *Prenat Diagn.* 2015 Dec;35(13):1365-70.
35. Kabagambe SK, Jensen GW, Chen YJ, et al. Fetal surgery for myelomeningocele: a systematic review and meta-analysis of outcomes in fetoscopic versus open repair. *Fetal Diagn Ther.* 2018;43(3):161-174.
36. Katsoufis CP, DeFreitas M, Leuchter J, et al. Predictors of advanced chronic kidney disease in infancy after definitive vesicoamniotic shunting for congenital lower urinary tract obstruction. *Front Pediatr.* 2022 Oct 14;10:977717.
37. Kelly EN, Seaward G, Ye XY, et al. Short- and long-term outcome following thoracoamniotic shunting for fetal hydrothorax. *Ultrasound Obstet Gynecol.* 2021 Apr;57(4):624-630.
38. Kim R, Lee MY, Won HS, et al. Perinatal outcomes and factors affecting the survival rate of fetuses with twin-to-twin transfusion syndrome treated with fetoscopic laser coagulation: a single-center seven-year experience. *J Matern Fetal Neonatal Med.* 2021 Apr 20:1-12.
39. Knox EM, Kilby MD, Martin WL, et al. In-utero pulmonary drainage in the management of primary hydrothorax and congenital cystic lung lesion: a systematic review. *Ultrasound Obstet Gynecol.* 2006 Oct;28(5):726-34.
40. Koh CJ, DeFilippo RE, Borer JG, et al. Bladder and external urethral sphincter function after prenatal closure of myelomeningocele. *J Urol.* 2006;176(5):2232-2236.
41. Kovacevic A, Öhman A, Tulzer G, et al. Fetal Working Group of the AEPC. Fetal hemodynamic response to aortic valvuloplasty and postnatal outcome: a European multicenter study. *Ultrasound Obstet Gynecol.* 2018 Aug;52(2):221-229.
42. Kunisaki SM, Barnewolt CE, Estroff JA, et al. Ex utero intrapartum treatment with extracorporeal membrane oxygenation for severe congenital diaphragmatic hernia. *J Pediatr Surg.* 2007 Jan;42(1):98-104.
43. Lee H, Bebbington M, Crombleholme TM; North American Fetal Therapy Network. The North American Fetal Therapy Network Registry data on outcomes of radiofrequency ablation for twin-reversed arterial perfusion sequence. *Fetal Diagn Ther.* 2013;33(4):224-9.
44. Litwińska M, Litwińska E, Janiak K, et al. Thoracoamniotic Shunts in Macrocystic Lung Lesions: Case Series and Review of the Literature. *Fetal Diagn Ther.* 2017;41(3):179-183.
45. McElhinney DB, Marshall AC, Wilkins-Haug LE, et al. Predictors of technical success and postnatal biventricular outcome after in utero aortic valvuloplasty for aortic stenosis with evolving hypoplastic left heart syndrome. *Circulation.* 2009; Oct 13;120(15):1482-90.
46. Muntean A, Cazacu R, Ade-Ajayi N, et al. The long-term outcome following thoraco-amniotic shunting for congenital lung malformations. *J Pediatr Surg.* 2023 Feb;58(2):213-217.
47. Mustafa HJ, Javinani A, Goetzinger K, et al. Single fetal demise following fetoscopic ablation for twin-to-twin transfusion syndrome-cohort study, systematic review, and meta-analysis. *Am J Obstet Gynecol.* 2022 Jun;226(6):843.e1-843.e28.

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48. Moise KJ Jr, Dorman K, Lamvu G, et al. A randomized trial of amnioreduction versus septostomy in the treatment of twin-twin transfusion syndrome. *Am J Obstet Gynecol.* 2005;193(3 Pt 1):701–707.
49. Nassr AA, Shazly SAM, Abdelmagied AM, et al. Effectiveness of vesicoamniotic shunt in fetuses with congenital lower urinary tract obstruction: an updated systematic review and meta-analysis. *Ultrasound Obstet Gynecol.* 2017 Jun;49(6):696-703.
50. National Institute for Health and Care Excellence (NICE) Interventional procedures guidance [IPG198]. Intrauterine laser ablation of placental vessels for the treatment of twin-to-twin transfusion syndrome. Published date: December 2006.
51. National Institute for Health and Care Excellence (NICE) Interventional procedures guidance [IPG613]. Percutaneous balloon valvuloplasty for fetal critical aortic stenosis. Published date: May 2018.
52. Ozawa K, Sugibayashi R, Wada S, et al. Fetoscopic laser photocoagulation for amniotic fluid discordance bordering on twintwin transfusion syndrome: Feasibility, perinatal and long-term outcomes. *J Obstet Gynaecol Res.* 2017 Aug;43(8):1256-1262.
53. Pagani G, D'Antonio F, Khalil A, et al. Intrafetal laser treatment for twin reversed arterial perfusion sequence: cohort study and meta-analysis. *Ultrasound Obstet Gynecol.* 2013 Jul;42(1):6-14.
54. Paslaru FG, Panaitescu AM, Iancu G, et al. Myelomeningocele surgery over the 10 years following the MOMS trial: A systematic review of outcomes in prenatal versus postnatal surgical repair. *Medicina (Kaunas).* 2021 Jul 12;57(7):707.
55. Pedra SR, Peralta CF, Crema L, et al. Fetal interventions for congenital heart disease in Brazil. *Pediatr Cardiol.* Mar 2014; 35(3):399-405.
56. Peranteau WH, Adzick NS, Boelig MM, et al. Thoracoamniotic shunts for the management of fetal lung lesions and pleural effusions: a single-institution review and predictors of survival in 75 cases. *J Pediatr Surg.* 2015 Feb;50(2):301-5.
57. Roberts D, Gates S, Kilby M, et al. Interventions for twin-twin transfusion syndrome: a Cochrane review. *Ultrasound Obstet Gynecol.* 2008 Jun;31(6):701-11.
58. Roberts D, Neilson JP, Kilby MD, et al. Interventions for the treatment of twin-twin transfusion syndrome. *Cochrane Database Syst Rev.* 2014 Jan 30;1:CD002073.
59. Rossi AC, D'Addario V. Laser therapy and serial amnioreduction as treatment for twin-twin transfusion syndrome: A metaanalysis and review of literature. *Am J Obstet Gynecol.* 2008;198(2):147-152.
60. Ruano R, Duarte SA, Pimenta EJ, et al. Comparison between fetal endoscopic tracheal occlusion using a 1.0-mm fetoscope and prenatal expectant management in severe congenital diaphragmatic hernia. *Fetal Diagn Ther.* 2011;29(1):64-70.
61. Ruano R, Yoshisaki CT, da Silva MM, et al. A randomized controlled trial of fetal endoscopic tracheal occlusion versus postnatal management of severe isolated congenital diaphragmatic hernia. *Ultrasound Obstet Gynecol.* 2012 Jan;39(1):20-7.
62. Salomon LJ, Ortqvist L, Aegerter P, et al. Long-term developmental follow-up of infants who participated in a randomized clinical trial of amniocentesis vs laser photocoagulation for the treatment of twin-to-twin transfusion syndrome. *Am J Obstet Gynecol.* 2010 Nov;203(5):444.e1-7.
63. Sananes N, Javadian P, Schwach Werneck Britto I, et al. Technical aspects and effectiveness of percutaneous fetal therapies for large sacrococcygeal teratomas: cohort study and literature review. *Ultrasound Obstet Gynecol.* 2016 Jun;47(6):712-9.
64. Senat MV, Deprest J, Boulvain M, et al. Endoscopic laser surgery versus serial amnioreduction for severe twin-to-twin transfusion syndrome. *N Engl J Med.* 2004; Jul;351(2):136-44.
65. Sferra SR, Miller JL, Cortes M S, et al. Postnatal care setting and survival after fetoscopic tracheal occlusion for severe congenital diaphragmatic hernia: A systematic review and meta-analysis. *J Pediatr Surg.* 2022 Dec;57(12):819-825.
66. Sfakianaki AK, Copel JA. Congenital cystic lesions of the lung: congenital cystic adenomatoid malformation and bronchopulmonary sequestration. *Rev Obstet Gynecol.* 2012;5(2):85–93.

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67. Shettikeri A, Acharya V, V S, Sahana R, et al. Outcome of pregnancies diagnosed with TRAP sequence prenatally: a singlecentre experience. Fetal Diagn Ther. 2020;47(4):301-306.
68. Simonini C, Strizek B, Berg C, et al. Fetal teratomas - A retrospective observational single-center study. Prenat Diagn. 2021 Feb;41(3):301-307.
69. Society for Maternal-Fetal Medicine (SMFM), Norton ME, Chauhan SP, et al. Society for maternal-fetal medicine (SMFM) clinical guideline #7: nonimmune hydrops fetalis. Am J Obstet Gynecol. 2015 Feb;212(2):127-39.
70. Society for Maternal-Fetal Medicine (SMFM), Simpson LL. Twin-twin transfusion syndrome. Am J Obstet Gynecol. 2013; Jan;208(1):3-18. Updated August 2014 per website. <https://www.smfm.org/publications/80-twin-twin-transfusion-syndrome> Accessed March 9, 2023.
71. Stirnemann J, Slaghekke F, Khalek N, et al. Intrauterine fetoscopic laser surgery versus expectant management in stage 1 twinto-twin transfusion syndrome: an international randomized trial. Am J Obstet Gynecol. 2021 May;224(5):528.e1-528.e12.
72. Vida VL, Bacha EA, Larrazabal A, et al. Hypoplastic left heart syndrome with intact or highly restrictive atrial septum: surgical experience from a single center. Ann Thorac Surg. 2007; Aug;84(2):581-5.
73. Vorisek CN, Zurakowski D, Tamayo A, et al. Postnatal circulation in patients with aortic stenosis undergoing fetal aortic valvuloplasty: systematic review and meta-analysis. Ultrasound Obstet Gynecol. 2022 May;59(5):576-584.
74. Walsh WF, Chescheir NC, Gillam-Krakauer M, et al. Technical Brief No. 5: Maternal-fetal Surgical Procedures. (Prepared by the Vanderbilt Evidence-based Practice Center). Rockville, MD: Agency for Healthcare Research and Quality (AHRQ). April 2011.
75. Witlox R, S, G, M, Lopriore E, Rijken M, et al: Long-term neurodevelopmental and respiratory outcome after intrauterine therapy for fetal thoracic abnormalities. Fetal Diagn Ther 2019;45:162-167.
76. Yinon Y, Grisaru-Granovsky S, Chaddha V, et al. Perinatal outcome following fetal chest shunt insertion for pleural effusion. Ultrasound Obstet Gynecol. 2010 Jul;36(1):58-64.
77. Zhang L, Liu H, Huang S, et al. Alterations in fetal doppler parameters before and twenty-four hours after radiofrequency ablation for twin reversed arterial perfusion sequence. Front Med (Lausanne). 2022 Apr 14;9:802666.
78. Zhang ZT, Yang T, Liu CX, et al. Treatment of twin reversed arterial perfusion sequence with radiofrequency ablation and expectant management: A single center study in China. Eur J Obstet Gynecol Reprod Biol. 2018 Jun;225:9-12.

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PCHP:

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

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- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ
1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳሳቸው፡ 763.847.4013) .

ဟ်သ့ဟ်သး- နမ့ၢ်ကတိၤ ကညီၤ ကျိၣ်အယံၤ, နမၤန့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျုးလၢၣ်စ့ၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

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PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

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ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိန်အယိ, နမူနာ ကျိန်အတိအကျတို့ တလက်ကွက်လက်စွာ နှိပ်စပ်သွင်းနိုင်ပါသည်။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

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