EXTERNAL CEPHALIC VERSION (ECV)

COVERAGE:

External Cephalic Version (ECV) is considered medically necessary and is NOT considered as part of the global obstetrical service for either a vaginal or Cesarean Section delivery. Separate reimbursement may be available if ECV is done during the same operative session.

DESCRIPTION:

External Cephalic Version (ECV) is a method used to reposition or externally rotate a fetus in the breech presentation to a vertex (head) presentation. ECV is done to avoid difficult vaginal breech births or Cesarean births. It is preferable to wait until term (37 to 39 weeks gestation) before ECV is attempted because of an increased success rate and avoidance of preterm delivery if complications arise.

The procedure entails:

1. Administration of tocolytic drugs to relax the uterine muscles,
2. Monitoring the fetus, and
3. Continuous ultrasound visualization of the position of the fetus, placenta, and umbilical cord.

After the fetal head is gently disengaged, the fetus is manipulated by a forward roll or back flip. The version is performed by one physician, with the assistance of an additional physician to aid with the version manipulation or to monitor the ultrasound. If the ECV is unsuccessful, the version can be reattempted at a later time. The ECV should only be done in a facility equipped for emergency Cesarean Section.

RATIONALE:

Reporting routine obstetric care including antepartum, vaginal delivery and postpartum care. The physician delivers both the infant and the placenta through the vagina. Delivery may require the use of forceps, vacuum extraction or rupture of amniotic membranes. Episiotomy and laceration repairs are also included in this procedure.

To turn the fetus from a breech presenting position to a cephalic presenting position is performed by manipulation the fetus from the outside of the abdominal wall.

Providers concur that the external manipulation of the fetus through the abdominal wall requires clinical expertise above and beyond the effort that is incorporated into routine obstetric care and/or delivery. Thus, in clinical scenario, during the same operative session, where the performance of external manipulation of the fetus...
through the abdominal wall with routine obstetric care procedure is deemed necessary or advantageous, separate reimbursement is warranted.

PRICING:

As described above.

REFERENCES:


DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for...
information regarding HMO claims/reimbursement information and other general policies and procedures.