

Medical Coverage Policy | Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids



EFFECTIVE DATE: 01|01|2017
POLICY LAST UPDATED: 11|17|2021

OVERVIEW

Various minimally invasive treatments for uterine fibroids have been proposed as alternatives to surgery. Among these approaches are laparoscopic and percutaneous techniques to induce myolysis, which includes radiofrequency volumetric thermal ablation (RFVTA), laser and bipolar needles, cryomyolysis, and magnetic resonance imaging (MRI)-guided laser ablation.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Medicare Advantage Plans Advantage Plans

Laparoscopic and percutaneous techniques of myolysis as a treatment of uterine fibroids are considered not covered as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

Commercial Products

Laparoscopic and percutaneous techniques of myolysis as a treatment of uterine fibroids are considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND

Uterine fibroids are among the most common conditions affecting women in their reproductive years; symptoms include menorrhagia, pelvic pressure, or pain. Surgery, including hysterectomy and various myomectomy procedures, is considered the criterion standard treatment for symptom resolution. However, there is the potential for surgical complications and, in the case of hysterectomy, the uterus is not preserved. In addition, for multiple uterine fibroids, myomectomy can be a time-consuming procedure.

There has been long-standing research interest in developing minimally invasive alternatives for treating uterine fibroids, including procedures that retain the uterus and allow for future childbearing. Treatment options include uterine artery embolization and the transcatheter procedure MRI-guided focused ultrasound therapy. Various techniques to induce myolysis have also been studied including Nd:YAG lasers, bipolar electrodes, cryomyolysis, and radiofrequency ablation. With these techniques, an energy source is used to create areas of necrosis within uterine fibroids, reducing their volume and thus relieving symptoms. Early methods involved multiple insertions of probes into the fibroid, performed without imaging guidance. There were concerns about serosal injury and abdominopelvic adhesions with these techniques, possibly due to the

multiple passes through the serosa needed to treat a single fibroid. Newer systems using radiofrequency energy do not require repetitive insertions of needle electrodes.

Ultrasonography is used laparoscopically to determine the size and location of fibroids, to guide the probe, and to ensure the probe is in the correct location so that optimal energy is applied to the fibroid. Percutaneous approaches using MRI guidance have also been reported.

Randomized controlled trials comparing MRI-guided laser ablation to alternative treatments for uterine fibroids are needed to adequately evaluate the safety and efficacy of this technology. The evidence is insufficient to determine the effects of the technology on health outcomes.

CODING

The following CPT code(s) is considered not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

58674 Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency.

RELATED POLICIES

None

PUBLISHED

Provider Update, January 2022

Provider Update, November 2020

Provider Update, August 2019

Provider Update, November 2018

Provider Update, March 2017

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