LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS (cont.)

Description:

Endometrium:
The mucous membrane tissue that lines the inside of the uterus.

Endometriosis:
Abnormal occurrence of endometrial tissue growing outside the uterus in the pelvic cavity that may cause pain, irregular bleeding and/or infertility.

Fibroid:
Benign smooth muscle tumor of the uterus, also called leiomyomata. Uterine fibroids may cause pelvic pressure, pain, irregular bleeding and/or infertility.

Minimally Invasive Treatments for Myolysis of Uterine Fibroids:
Laparoscopic and percutaneous techniques using various energy sources have been investigated as minimally invasive treatments for uterine fibroids. The procedures involve multiple insertions of probes into the fibroid, and the various energy sources induce occlusion and ultimately ablation of fibroid tissue. Myolysis is most frequently performed as a laparoscopic procedure; percutaneous approaches using MRI guidance have been investigated. Energy sources for myolysis include:

- Bipolar electrodes
- Cryotherapy
- Radiofrequency ablation
- YAG lasers
LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS (cont.)

Criteria:

For transcervical radiofrequency ablation of uterine fibroids, see BCBSAZ Medical Coverage Guideline #O969, “Transcervical Radiofrequency Ablation of Uterine Fibroids”.

For power morcellation of the uterus, see BCBSAZ Medical Coverage Guideline #O924, “Power Morcellation of the Uterus and Prostate”.

➢ The following minimally invasive treatments for myolysis of uterine fibroids are considered experimental or investigational based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
4. Insufficient evidence to support improvement outside the investigational setting.

Treatments include, but are not limited to:

▪ Bipolar electrodes
▪ Cryotherapy
▪ Radiofrequency ablation
▪ YAG lasers
LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS (cont.)

Resources:

Literature reviewed 09/26/17. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 08/21/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS (cont.)

Resources: (cont.)


LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator 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, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit’éego bina’idíl’kidőgo éí doodago Háída bįį aniyeedígií táadoo le’é yína’idíl’kidőgo beehaz’ą́ni hálo díl t’ą́ háazaadík’eįį hákā a’oowolgo beeh haz’a doo bąąńh ilinígoó. Ata’háne’įįdįį kojį’ bičį’ hodiilíinh 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp vế có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعدك سؤال متعلق بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أي تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.
LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuunan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka matulungan ng uasa ng pasensya sa iyong wika ng walang gastos. Upang makuasa ang isang tasaalan, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하의 이해하는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관한 질문이 있다면 귀하의 오역의 도움을 받아서 어떤 자문을 받아들일 수 있는 권리가 있습니다. 그렇게 통해서서는 877-475-4799 로 전화해주세요.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in ihrer Sprache zu erhalten. Um mit einem Diomscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лицо, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi: اگر شما، یا کسی که شما به او کمک می‌کنید، سوال در مورد اطلاعاتی که درباره طور رایگان دریافت نمایید 877-475-4799 را تماس حامل نمایید.

Assyrian: براک موچه می‌کیش، می‌را دایکه‌، Blue Cross Blue Shield of Arizona یا وی، تور داده‌، یا مسیون که می‌کیش. 877-475-4799 می‌را مبله متشکرم. می‌را فورتیش یا سولو درا، یا می‌را دایکه، 877-475-4799 می‌را متشکرم.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete imate pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodijem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณจะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่เสียเงิน โปรดติดต่อที่ 877-475-4799.