LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS

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

Resources:

Literature reviewed 09/15/15. 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.)


