



MEDICAL COVERAGE GUIDELINES
SECTION: OB/GYN/REPRODUCTION

ORIGINAL EFFECTIVE DATE: 08/21/13
LAST REVIEW DATE: 09/18/18
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

OCCLUSION OF UTERINE ARTERIES USING TRANSCATHETER EMBOLIZATION

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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Description:

Transcatheter Uterine Artery Embolization (UAE):

Selective catheterization and injection of small amount of material (i.e., gelfoam, polyvinyl alcohol) into the uterine arteries to occlude the blood supply to the uterus and uterine fibroids. It potentially serves as an alternative to hysterectomy. UAE has also been used to treat other conditions including postpartum hemorrhaging, cervical ectopic pregnancy and bleeding uterine arteriovenous malformation (AVM).

Laparoscopic Bipolar Coagulation:

Laparoscopic bipolar probes are used to obstruct the blood supply to the fibroid by coagulating the uterine vessels to induce atrophy. Laparoscopic bipolar coagulation has been investigated as an alternative to uterine artery embolization.

Definitions:

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.

Adenomyosis:

Abnormal uterine thickening that occurs when the endometrial tissue grows into the fibrous and muscular layers of the uterus, leading to pain and heavy menstrual bleeding.

Fibroid:

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

OCCLUSION OF UTERINE ARTERIES USING TRANSCATHETER EMBOLIZATION (cont.)

Criteria:

Uterine Artery Embolization (UAE):

- Transcatheter embolization of the uterine arteries for the treatment of uterine fibroids is considered **medically necessary** with documentation of **ALL** of the following:
 1. Diagnosis is confirmed by ultrasound
 2. **ONE** of the following symptoms:
 - Asymptomatic fibroid(s) large enough to palpate abdominally
 - Bladder pressure with urinary frequency and no evidence of infection
 - Chronic low back pain/pressure attributed to uterine fibroids
 - Pelvic/abdominal discomfort/pressure without other explanation
 - Profuse uterine bleeding for greater than 8 days **or** documented anemia
- Transcatheter embolization of the uterine arteries for the treatment of postpartum uterine hemorrhage is considered **medically necessary**.
- One repeat transcatheter embolization of the uterine arteries to treat persistent symptoms of uterine fibroids after an initial uterine artery embolization is considered **medically necessary**.
- Transcatheter embolization of the uterine arteries for the treatment of uterine arteriovenous malformation (AVM) is considered **medically necessary**. We disagree with MPRM.
- Transcatheter embolization of the uterine arteries for the treatment of adenomyosis or endometriosis is 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.
- Transcatheter embolization for the management of cervical ectopic pregnancy is 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.



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Criteria: (cont.)

Laparoscopic Bipolar Coagulation:

- Laparoscopic occlusion of the uterine arteries using bipolar coagulation for the treatment of uterine fibroids is considered **medically necessary** with documentation of **ALL** of the following:
1. Diagnosis is confirmed by ultrasound
 2. **ONE** of the following symptoms:
 - Asymptomatic fibroid(s) large enough to palpate abdominally
 - Bladder pressure with urinary frequency
 - Chronic low back pain/pressure attributed to uterine fibroids
 - Profuse uterine bleeding for greater than 8 days **or** documented anemia
 - Pelvic discomfort/pressure

Resources:

Literature reviewed 09/18/18. 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.

1. 4.01.11 BCBS Association Medical Policy Reference Manual. Occlusion of Uterine Arteries Using Transcatheter Embolization. Re-issue date 08/09/2018, issue date 07/16/1999.
2. American College of Radiology. ACR Appropriate Criteria, Radiologic Management of Uterine Leiomyomas. 2012.
3. Kim T, Shin JH, Kim J, et al. Management of bleeding uterine arteriovenous malformation with bilateral uterine artery embolization. *Yonsei medical journal*. Mar 2014;55(2):367-373.
4. Lalitha N, Seetha P, Shanmugasundaram R, Rajendiran G. Uterine Arteriovenous Malformation: Case Series and Literature Review. *Journal of obstetrics and gynaecology of India*. Aug 2016;66(4):282-286.



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Resources: (cont.)

5. Touhami O, Gregoire J, Noel P, Trinh XB, Plante M. Uterine arteriovenous malformations following gestational trophoblastic neoplasia: a systematic review. *European journal of obstetrics, gynecology, and reproductive biology*. Oct 2014;181:54-59.
6. UpToDate. Differential diagnosis of genital tract bleeding in women Aug 02, 2016.
7. UpToDate. Managing an episode of severe or prolonged uterine bleeding. Aug 23, 2016.
8. Vilos AG, Vilos GA, Hollett-Caines J, Rajakumar C, Garvin G, Kozak R. Uterine artery embolization for uterine arteriovenous malformation in five women desiring fertility: pregnancy outcomes. *Human reproduction (Oxford, England)*. Jul 2015;30(7):1599-1605.
9. Wang Z, Chen J, Shi H, et al. Efficacy and safety of embolization in iatrogenic traumatic uterine vascular malformations. *Clinical radiology*. Jun 2012;67(6):541-545.



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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'idíłkígo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíłkígo beehaz'áanii hółq díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílinígóó. Ata' halne'ígíí kojį' bich'į' hodíłnih 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 và 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 تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

