

Medical Coverage Policy | Laparoscopic, Percutaneous, and Transcervical Techniques for the Myolysis of Uterine Fibroids & Hysterectomies



EFFECTIVE DATE: 09|01|2022

POLICY LAST REVIEWED: 10|02|2024

OVERVIEW

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

This policy also documents the state-mandated hysterectomy coverage guideline amendments to Rhode Island General Law 27-18-44 (Accident and Sickness), Rhode Island General Law 27-19-36.1 (Nonprofit Hospital Service Corporation), Rhode Island General Law 27-29-36.1 (Nonprofit Medical Service Corporation), and Rhode Island General Law 27-41-45.1 (Health Maintenance Organization).

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Laparoscopic or transcervical radiofrequency ablation (RFA) as a treatment of symptomatic uterine fibroids is considered medically necessary in individuals 18 years and older when ALL of the following conditions are met:

- Evidence of uterine fibroids via ultrasound that are less than 10 cm in diameter for laparoscopic RFA with Acessa or 7 cm for transcervical RFA with Sonata, AND
- Individual desires a uterine-sparing treatment approach or is ineligible for hysterectomy or other uterine-sparing alternatives to RFA (e.g., laparoscopic myomectomy, uterine artery embolization [UAE]); AND
- Individual has experienced at least 1 of the following symptoms that are a direct result of the fibroid(s):
 - Menorrhagia or other abnormal uterine bleeding that interferes with daily activities or causes anemia;
 - Pelvic pain or pressure;
 - Urinary symptoms (e.g., urinary frequency, urgency) related to bulk compression of the bladder;
 - Gastrointestinal symptoms related to bulk compression of the bowel (e.g., constipation, bloating);
 - Dyspareunia (painful or difficult sexual relations).

PRIOR AUTHORIZATION

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Hysterectomies are covered services.

Laparoscopic or transcervical radiofrequency ablation (RFA) procedures must be performed at a certified Obstetrical and Gynecological surgery center.

Laparoscopic or transcervical radiofrequency ablation (RFA) as a treatment of symptomatic uterine fibroids is considered medically necessary when the criteria above are met.

Other laparoscopic, transcervical, or percutaneous techniques for myolysis of uterine fibroids, including use of laser or bipolar needles, cryomyolysis, and magnetic resonance imaging-guided laser ablation, are

considered not covered for Medicare Advantage Plans and not medically necessary for Commercial Products as the evidence is insufficient to determine the effects of the technology on health outcomes.

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, also known as leiomyomas, are among the most common conditions affecting individuals in their reproductive years; symptoms include menorrhagia, pelvic pressure, or pain. It is estimated that uterine fibroids occur in up to 70% of individuals by menopause, with approximately 25% of these being clinically significant and requiring intervention. The prevalence rate of uterine fibroids is 2-3 times higher among black individuals compared with white individuals, and there are higher rates of hysterectomy and myomectomy compared with non-surgical therapy, potentially demonstrating a disparity in access to uterine-sparing interventions.

Treatment

Surgery, including hysterectomy and various myomectomy procedures, is considered the criterion standard for symptom resolution. However, there is the potential for surgical complications and, in the case of a hysterectomy, the uterus is not preserved. In addition, multiple myomectomies may be associated with longer operating time, postoperative febrile morbidity, and development of pelvic adhesions. There has been long-standing research interest in developing minimally invasive alternatives for treating uterine fibroids, including procedures that retain the uterus and permit future childbearing. Treatment options include uterine artery embolization and transcatheter magnetic resonance imaging-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 or transcervically 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 magnetic resonance imaging guidance have also been reported.

Regulatory Status

In 2012, the Acesa™ System (Acesa Health, formerly Halt Medical) was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process for percutaneous laparoscopic coagulation and ablation of soft tissue and treatment of symptomatic uterine fibroids under laparoscopic ultrasound guidance (K121858). The technology was previously approved in 2010, at which time it was called the Halt 2000GI™ Electrosurgical Radiofrequency Ablation System. In 2014, the ultrasound guidance system received marketing clearance from the FDA (K132744). FDA product code: GEI. In 2018, the third-generation Acesa™ ProVu System® was cleared for marketing by the FDA through the 510(k) process for use in percutaneous, laparoscopic coagulation and ablation of soft tissue, including treatment of symptomatic uterine fibroids under laparoscopic ultrasound guidance. (K181124). Hologic acquired Acesa Health in 2020. FDA product code: HFG.

In 2018, the Sonata® Sonography-Guided Transcervical Fibroid Ablation System (Gynesonics) was cleared for marketing by the FDA through the 510(k) process for diagnostic intrauterine imaging and transcervical radiofrequency ablation as treatment of symptomatic uterine fibroids (K173703). The Sonata System 2.1 received marketing clearance in 2020 (K193516) and the Sonata System 2.2 received marketing clearance in 2021 (K211535). The Sonata system was previously known as Vizablate. FDA product codes: KNF, ITX, and IYO.

Cryoablation is a surgical procedure that uses previously approved and available cryoablation systems; and as a surgical procedure, it is not subject to regulation by the FDA. Other products addressed in this review (eg, Nd:YAG lasers, bipolar electrodes) have long-standing FDA approval, and there are no products specifically approved for the treatment of uterine fibroids.

The section of the policy below describes the Hysterectomy coverage guideline amendments to Rhode Island General Law 27-18-44 (Accident and Sickness), Rhode Island General Law 27-19-36.1 (Nonprofit Hospital Service Corporation), Rhode Island General Law 27-29-36.1 (Nonprofit Medical Service Corporation), and Rhode Island General Law 27-41-45.1 (Health Maintenance Organization).

SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance Policies" is hereby amended by adding thereto the following section:

27-18-44.1. Hysterectomy or myomectomy treatment.

Commencing January 1, 2023, any insurer or health care healthcare plan, nonprofit health medical service plan, or nonprofit hospital service plan that provides coverage for obstetric and gynecological care for issuance or delivery in the state to any group or individual on an expense-incurred basis, including a health plan offered by a health insurance carrier or a health maintenance organization, shall provide coverage for a hysterectomy, myomectomy and laparoscopic removal of uterine fibroids, including uterine artery embolization, intraoperative ultrasound guidance and monitoring and radiofrequency ablation.

SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service Corporations" is hereby amended by adding thereto the following section:

27-19-36.1. Hysterectomy or myomectomy treatment.

Commencing January 1, 2023, any insurer or health care healthcare plan, nonprofit health medical service plan, or nonprofit hospital service plan that provides coverage for obstetric and gynecological care for issuance or delivery in the state to any group or individual on an expense-incurred basis, including a health plan offered by a health insurance carrier or a health maintenance organization, shall provide coverage for a hysterectomy, myomectomy and laparoscopic removal of uterine fibroids, including uterine artery embolization, intraoperative ultrasound guidance and monitoring and radiofrequency ablation.

SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service Corporations" is hereby amended by adding thereto the following section:

27-20-31.1. Hysterectomy or myomectomy treatment.

Commencing January 1, 2023, any insurer or health care healthcare plan, nonprofit health medical service plan, or nonprofit hospital service plan that provides coverage for obstetric and gynecological care for issuance or delivery in the state to any group or individual on an expense-incurred basis, including a health plan offered by a health insurance carrier or a health maintenance organization, shall provide coverage for a hysterectomy, myomectomy and laparoscopic removal of uterine fibroids, including uterine artery embolization, intraoperative ultrasound guidance and monitoring and radiofrequency ablation.

SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance Organizations" is hereby amended by adding thereto the following section:

27-41-45.1. Hysterectomy or myomectomy treatment.

Commencing January 1, 2023, any insurer or health care healthcare plan, nonprofit health medical service plan, or nonprofit hospital service plan that provides coverage for obstetric and gynecological care for issuance or delivery in the state to any group or individual on an expense-incurred basis, including a health plan offered by a health insurance carrier or a health maintenance organization, shall provide coverage for a hysterectomy, myomectomy and laparoscopic removal of uterine fibroids, including uterine artery embolization, intraoperative ultrasound guidance and monitoring and radiofrequency ablation.

CODING

Medicare Advantage Plans and Commercial Products

The following CPT code(s) is medically necessary for Medicare Advantage Plans and Commercial Products for laparoscopic or transcervical radiofrequency ablation for treatment of symptomatic uterine fibroids when the medical criteria above has been met:

58580 Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency (New code effective 1/01/2024)

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

CPT codes have not been assigned to all other services or therapies addressed in this policy. These services are considered not covered for Medicare Advantage Plans and not medically necessary for Commercial Product. Therefore, the following Unlisted Procedure code(s) should be used:

58999 Unlisted procedure, female genital system (nonobstetrical)

The following CPT code(s) for Hysterectomies do not require prior authorization and are covered for Medicare Advantage Plans and Commercial Products:

58140 - 58294

58541 - 58554

58570 - 58575

RELATED POLICIES

Magnetic Resonance Imaging Guided Focused Ultrasound
Prior Authorization via Web-Based Tool for Procedures
Unlisted Procedures

PUBLISHED

Provider Update, December 2024

Provider Update, May 2023

Provider Update, May/August/November 2022

Provider Update, January 2022

Provider Update, November 2020

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www.rilin.state.ri.us/Statutes/title27/27-18/index.htm
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www.rilin.state.ri.us/Statutes/TITLE27/27-19/27-19-36.htm
26. Rhode Island General Law (RIGL) 27-29-36.1 (Nonprofit Medical Service Corporation)
www.rilin.state.ri.us/Statutes/TITLE27/27-20/INDEX.htm
27. Rhode Island General Law (RIGL) 27-41-45.1 (Health Maintenance Organization).
www.rilin.state.ri.us/Statutes/TITLE27/27-41/INDEX.htm

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