MASSACHUSETTS

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Medical Policy

Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea

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Policy Number: 570

BCBSA Reference Number: 4.01.17A
NCD/LCD: NA

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue[SM] and Medicare PPO Blue[SM] Members

Laparoscopic uterine nerve ablation (LUNA) and laparoscopic presacral neurectomy (LPSN) are considered **INVESTIGATIONAL** as techniques to treat primary or secondary dysmenorrhea.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is **not** a covered service.
Commercial PPO and Indemnity	This is **not** a covered service.
Medicare HMO Blue[SM]	This is **not** a covered service.
Medicare PPO Blue[SM]	This is **not** a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

Description

Dysmenorrhea is defined as the occurrence of painful menstrual cramps. Primary dysmenorrhea occurs in the absence of an identifiable cause, while secondary dysmenorrhea is related to an identifiable pathologic condition, such as endometriosis, adenomyosis, or pelvic adhesions. The etiology of primary dysmenorrhea is thought to be related to the overproduction of uterine prostaglandins. Therefore, first-line pharmacologic therapy typically includes nonsteroidal anti-inflammatory drugs (NSAIDs), which reduce prostaglandin production. Oral contraceptives are another approach. Patients with secondary dysmenorrhea may be offered both, NSAIDs and oral contraceptives as well as a variety of other hormonal therapies. Patients with endometriosis frequently undergo surgery to ablate, excise, or enucleate endometrial deposits or lyse pelvic adhesion. Collectively, these surgical procedures may be referred to as "conservative surgical therapy."

Two surgical approaches performed as adjuncts to conservative surgical therapy in patients with secondary dysmenorrhea are laparoscopic uterine nerve ablation (LUNA) and laparoscopic presacral neurectomy (LPSN). LUNA and LPSN have been investigated as techniques to interrupt the majority of the cervical sensory nerve fibers in patients with dysmenorrhea. LUNA involves the transection of the uterosacral ligaments at their insertion into the cervix, while LPSN involves the removal of the presacral nerves lying within the interiliac triangle.

Summary

The evidence is insufficient that LUNA improves health outcomes of patients with primary or secondary dysmenorrhea. Studies comparing LUNA to diagnostic laparoscopy alone have not found consistent benefit of the intervention. In addition, sample sizes were small in many studies, and there are few studies with follow-up of 12 months or longer.

The evidence on presacral neurectomy for treating primary dysmenorrhea is insufficient; no randomized trials were identified. For secondary dysmenorrhea, only one recent well-conducted trial on presacral neurectomy was identified; this trial found improvement in pain outcomes but also higher complication rates. The net health benefit considering the balance of risks and benefits remains unclear and need to be assessed in additional trials.

Thus, given that the evidence is insufficient, laparoscopic uterine nerve ablation and presacral neurectomy are investigational for the treatment of primary and secondary dysmenorrhea.

Policy History

Date	Action
2/2020	Policy updated with literature review through February 1, 2020, references added. Policy statements unchanged.
7/2014	New references added from BCBSA National medical policy.
6/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
12/1/2011	New policy, effective 12/1/2011, describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines

Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References

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