Medical Policy
Occlusion of Uterine Arteries Using Transcatheter Embolization

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Policy Number: 242
BCBSA Reference Number: 4.01.11
NCD/LCD: N/A

Related Policies
- MRI-Guided Focused Ultrasound for the Treatment of Uterine Fibroids and Other Tumors, #243
- Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids, #244

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Transcatheter embolization of uterine arteries as a treatment of uterine fibroids or as a treatment of postpartum uterine hemorrhage may be considered MEDICALLY NECESSARY.

One repeat transcatheter embolization of uterine arteries to treat persistent symptoms of uterine fibroids after an initial uterine artery embolization may be considered MEDICALLY NECESSARY.

Initial Procedure
There are no specific criteria for uterine artery embolization regarding the size, location, or multiplicity of fibroid tumors. The American College of Obstetricians and Gynecologists has suggested the following general criteria for treatment of fibroid tumors:
- Asymptomatic fibroids of such size that they are palpable abdominally and are a concern to the patient; OR
- Excessive uterine bleeding as evidenced by either profuse bleeding lasting more than 8 days, or anemia due to acute or chronic blood loss; OR
- Pelvic discomfort caused by myomata, either acute severe pain, chronic lower abdominal pain, or low back pressure or bladder pressure with urinary frequency not due to urinary tract infection.

Repeat Procedure
One repeat uterine artery embolization may be performed when there is documentation of continued symptoms such as bleeding or pain. Repeat procedures may be most appropriate when there are persistent symptoms in combination with findings on imaging of an incomplete initial procedure, as
evidenced by continued blood flow to the treated regions. Limited data from case series have suggested a high rate of success following repeat procedures for this purpose, with most patients reporting relief of symptoms.

Transcatheter embolization for the management of all other indications, including cervical ectopic pregnancy, uterine arteriovenous malformation, and adenomyosis is considered INVESTIGATIONAL.

**Prior Authorization Information**
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Commercial PPO and Indemnity</th>
<th>Medicare HMO BlueSM</th>
<th>Medicare PPO BlueSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
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**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.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>37243</td>
<td>Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction</td>
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</table>

**Description**
Uterine leiomyomata (ie, fibroids) are extremely common benign tumors that can be located primarily within the uterine cavity (submucosal fibroids) or on the serosal surface of the uterus. Treatment for uterine fibroids is usually sought when they are associated with menorrhagia, pelvic pain, urinary symptoms (ie, frequency), or are suspected to cause infertility. Treatment options include medical therapy with gonadotropin agonists or gestagen suppression or various types of surgical therapy. Hysterectomy is considered the definitive surgical treatment for those who no longer want to maintain fertility. Various types of myomectomy, which describes removal of the fibroid with retention of the uterus, have also been described. Hysteroscopic myomectomy involves removal of submucosal fibroids using a resectoscope or a laser. Subserosal fibroids can be removed via an open abdominal or laparoscopic approach. Laparoscopic laser coagulation of uterine fibroids is a unique approach in that the fibroid is not physically removed, but instead multiple (up to 75) laparoscopic laser punctures of the uterine fibroids are performed in an effort to devascularize the fibroid and induce atrophy.
There is interest in techniques to directly devascularize the uterine fibroid by interrupting the uterine arteries. One technique, uterine artery embolization (UAE), involves selective catheterization of the uterine arteries with injection of embolization material. UAE has also been used to control bleeding in situations such as severe postpartum hemorrhage, cervical ectopic pregnancy, bleeding uterine arteriovenous malformation, and adenomyosis.

**Summary**

Transcatheter uterine artery embolization (UAE) is a minimally invasive technique that involves the injection of small particles into the uterine arteries to block the blood supply to the uterus and uterine fibroids. It potentially serves as an alternative to hysterectomy. UAE has also been used to treat postpartum hemorrhage, cervical ectopic pregnancy, uterine arteriovenous malformations, and adenomyosis.

For individuals who have uterine fibroids who receive transcatheter UAE, the evidence includes randomized controlled trials (RCTs) and systematic reviews. Relevant outcomes are symptoms, quality of life, resource utilization, and treatment-related morbidity. The studies have generally found similar levels of symptoms and quality of life after UAE versus surgery. There were more reinterventions in the UAE group, but some women avoided surgery and maintained their uteruses. Moreover, studies have found lower complication rates after UAE versus surgery. The evidence is sufficient to determine qualitatively that the technology results in a meaningful improvement in the net health outcome.

For individuals who have persistent uterine fibroids despite prior uterine artery embolization who receive repeat transcatheter UAE, the evidence includes case series. Relevant outcomes are symptoms, quality of life, resource utilization, and treatment-related morbidity. Case series have shown that a high degree of symptom relief is possible after a repeat UAE for uterine fibroids. Moreover, evidence from RCTs on the safety and efficacy of UAE for initial treatment of uterine fibroids can be extrapolated to repeat procedures for the same indication. The evidence is sufficient to determine qualitatively that the technology results in a meaningful improvement in the net health outcome.

For individuals who have postpartum uterine hemorrhage who receive transcatheter UAE, the evidence includes case series and a systematic review. Relevant outcomes are overall survival, symptoms, and treatment-related morbidity. The systematic review of case series with over 1400 women found a rate of success of stopping bleeding. Postpartum uterine hemorrhage is an emergency situation with serious potential consequences (ie, maternal mortality). Conducting RCTs is particularly difficult in this setting and may be unnecessary when there are sufficient uncontrolled data. The evidence is sufficient to determine qualitatively that the technology results in a meaningful improvement in the net health outcome.

For individuals who have cervical ectopic pregnancy who receive transcatheter UAE, the evidence includes case series. Relevant outcomes are resource utilization and treatment-related morbidity. Only a few case series with a small number of patients have been published. Additional studies, especially controlled studies comparing UAE to medication or surgery, are needed to draw conclusions about the safety and efficacy of UAE in patients with cervical ectopic pregnancy. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have uterine arteriovenous malformations (AVM) who receive transcatheter UAE, the evidence includes case reports, case series, and a systematic review. Relevant outcomes are symptoms, resource utilization, and treatment-related morbidity. Only case reports and case series with a small number of patients have been published. A systematic review identified 54 women in 40 studies with uterine AVM treated using UAE. Additional studies, especially controlled studies comparing UAE to hysterectomy, are needed to draw conclusions about the safety and efficacy of UAE in patients with uterine AVM. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have adenomyosis who receive transcatheter UAE, the evidence includes case series and a systematic review. Relevant outcomes are symptoms, resource utilization, and treatment-related
A systematic review of case series data found short-term improvement in 83% of patients and long-term improvement in 65% of patients, suggesting possible recurrence of symptoms over time. All studies were case series and may have been subject to selection and/or observational biases. Controlled studies comparing UAE to medication or surgery and studies reporting long-term symptom recurrence rates are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

### Policy History

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>8/2015</td>
<td>New references from BCBSA National medical policy.</td>
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<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
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<tr>
<td>1/2014</td>
<td>Coding information clarified.</td>
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<tr>
<td>11/2013</td>
<td>Removed invalid diagnosis codes 666.0 and 666.1</td>
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<tr>
<td>10/2013</td>
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### 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