Medical Policy

Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids

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Policy Number: 244
BCBSA Reference Number: 4.01.19
NCD/LCD: N/A

Related Policies

- MRI-Guided Focused Ultrasound for the Treatment of Uterine Fibroids and Other Tumors, #243

Policy

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

Laparoscopic and percutaneous techniques of myolysis as a treatment of uterine fibroids is 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></th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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</table>

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**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tr>
<td>58674</td>
<td>Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency</td>
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**ICD Diagnosis Codes**

Investigational for all diagnoses.

**Description**

Uterine fibroids are one of the most common conditions affecting women in the reproductive years; symptoms include menorrhagia, pelvic pressure, or pain. Hysterectomy and various myomectomy procedures are considered the gold standard treatments. However, there has been longstanding research interest in developing minimally invasive alternatives that include endometrial ablation (for submucosal fibroids), uterine artery embolization, and various techniques to induce myolysis.

Most frequently, myolysis is performed as a laparoscopic procedure, but more recently, percutaneous approaches using magnetic resonance imaging (MRI) guidance have been reported. The MRI can provide both the guidance for insertion of the probe and real-time thermal imaging maps of the treated area. It can also be used to carry out in vivo monitoring of thermal changes in the tissues. It is thought that MRI monitoring of thermal damage within the fibroid may reduce the risk of serosal damage and subsequent adhesions.

**Summary**

Data are inadequate to permit scientific conclusions regarding various laparoscopic or percutaneous myolysis techniques. The published case series inconsistently report relevant criteria such as fibroid size, location, and associated symptoms. The gold standard technique is hysterectomy, while myomectomy may be considered the gold standard for a uterine-sparing procedure. It is hoped that hysterectomy- sparing procedures will preserve fertility. However, the published articles of myolysis techniques primarily include only women who have completed childbearing. Therefore, laparoscopic and percutaneous techniques of myolysis as a treatment of uterine fibroids is investigational.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2017</td>
<td>Clarified coding information for the 2017 code changes.</td>
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<tr>
<td>10/2016</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>8/2015</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>9/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>6/2014</td>
<td>Coding information clarified.</td>
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<tr>
<td>10/2013</td>
<td>New references from BCBSA National medical policy.</td>
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<tr>
<td>7/2010</td>
<td>Medical Policy 244 effective 7/10 describing on-going non-coverage</td>
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</tbody>
</table>

**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:
References


