Medical Policy
Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 570
BCBSA Reference Number: 4.01.17

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM 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
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>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2014</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>6/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
</tbody>
</table>

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