# Uterine Fibroid Treatment with Radiofrequency Ablation

| | |
|---|---|
| *LOB(s):*<br>☒ *Commercial*<br>☒ *Medicare* | *State(s):*<br>☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:* |
| ☒ *Medicaid* | ☒ *Oregon* ☐ *Washington* |

## Enterprise Policy

*Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.*

## Background

Uterine fibroids (i.e., leiomyomas or myomas) are noncancerous growths that develop from the smooth muscular tissue of the uterus usually during childbearing years. The size and growth pattern of uterine fibroids vary. They may be found as subserosal, intramural, submucosal or pedunculated masses. They may also be located in the cervix or broad ligament. Although the cause is unknown, hormones seem to be a related factor.

## Criteria

### Commercial

**Prior authorization is required.**

**I. Radiofrequency Ablation**

**A.** PacificSource may consider the use of laparoscopic (e.g., Acessa®) or transcervical (e.g., Sonata®) radiofrequency ablation as a treatment for symptomatic uterine fibroids to be medically necessary when **ALL** of the following criteria are met:

**1.** Persistence of one or more symptoms directly attributed to uterine fibroids (i.e., excessive menstrual bleeding unresponsive to conservative management (menorrhagia), bulk-related pelvic pain, pressure or discomfort, urinary symptoms referable to compression of the ureter or bladder, and/or dyspareunia)

2. Premenopausal status
3. Uterine preservation is desired
4. Fibroids are less than 10 cm in any diameter
5. Testing has ruled out other potential causes for symptoms (e.g., infection, malignancy)

### Medicaid

PacificSource Community Solutions follows Guideline 40 of the OHP Prioritized List of Health Services for coverage of Uterine Fibroid Treatment.

### Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS criteria, evidence-based criteria, and internal policy guidelines, requests are reviewed on an individual basis for determination of coverage and medical necessity.

## Experimental/Investigational/Unproven

PacificSource considers the following treatments for uterine fibroids to be experimental, investigational or unproven:

- Acupuncture
- Cryomyolysis
- Cryotherapy
- Electrical ablation
- Interstitial thermotherapy
- Lasers
- Ultrasound ablation, with or without magnetic resonance imaging (MRI) guidance

## Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

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

58999 Unlisted procedure, female genital system (nonobstetrical)

0071T Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue

0072T Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue

0404T Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency



## Definitions

**Fibroids:** Fibrous tissue collected in the uterine wall; also referred to as leiomyomas or myomas.

**Laparoscopic:** A surgical procedure performed using a laparoscope, a thin fiberoptic scope introduced into a body cavity for diagnostic and surgical purposes.

**Magnetic resonance imaging (MRI):** The use of a nuclear magnetic resonance spectrometer to produce electronic images of specific atoms and molecular structures in solids, especially human cells, tissues and organs.

**Percutaneous:** A medical procedure in which access to inner organs or other tissue is achieved via puncture of the skin.

**Transcervical:** A medical procedure performed through the cervical opening of the uterus.

## References

American College of Obstetricians and Gynecologists' Committee on Practice Bulletins–Gynecology (2021). Management of Symptomatic Uterine Leiomyomas: ACOG Practice Bulletin, Number 228. Obstetrics and gynecology, 137(6), e100–e115.

Arnreiter, C., & Oppelt, P. (2021). A Systematic Review of the Treatment of Uterine Myomas Using Transcervical Ultrasound-Guided Radiofrequency Ablation with the Sonata System. Journal of minimally invasive gynecology, 28(8), 1462–1469.

Bradley, L. D., Pasic, R. P., & Miller, L. E. (2019). Clinical Performance of Radiofrequency Ablation for Treatment of Uterine Fibroids: Systematic Review and Meta-Analysis of Prospective Studies. Journal of laparoendoscopic & advanced surgical techniques. Part A, 29(12), 1507–1517.

Lin, L., Ma, H., Wang, J., Guan, H., Yang, M., Tong, X., & Zou, Y. (2019). Quality of Life, Adverse Events, and Reintervention Outcomes after Laparoscopic Radiofrequency Ablation for Symptomatic Uterine Fibroids: A Meta-Analysis. Journal of minimally invasive gynecology, 26(3), 409–416.

Miller, C. E., & Osman, K. M. (2019). Transcervical Radiofrequency Ablation of Symptomatic Uterine Fibroids: 2-Year Results of the SONATA Pivotal Trial. Journal of gynecologic surgery, 35(6), 345–349.

National Institute of Child Health and Human Development. Surgical treatments for fibroids. Available at: https://www.nichd.nih.gov/health/topics/uterine.

National Library of Medicine. Medline Plus Health Topics: Uterine fibroids. Available at: https://medlineplus.gov/uterinefibroids.html

Yu, S., Silverberg, K., Bhagavath, B., Shobeiri, S. A., Propst, A., & Eisenstein, D. (2020). Post-Market Safety of Laparoscopic Ultrasound-Guided Radiofrequency Ablation. JSLS : Journal of the Society of Laparoendoscopic Surgeons, 24(4), e2020.00050.

## Appendix

**Policy Number:**

**Effective:** 1/1/2023 **Next review:** 1/1/2024

**Policy type:** Enterprise

**Author(s):**

**Depts:** Health Services

**Applicable regulation(s):** Guideline 40 of the OHP Prioritized List of Health Services

**Commercial Ops:** 4/2023

**Government Ops:** 3/2023