Medical Policy

Uterine Artery Embolization

<table>
<thead>
<tr>
<th>Type:</th>
<th>Policy Specific Section:</th>
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<tbody>
<tr>
<td>Medical Necessity and Investigational / Experimental</td>
<td>Surgery</td>
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<tr>
<th>Original Policy Date:</th>
<th>Effective Date:</th>
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<tr>
<td>February 25, 1998</td>
<td>April 4, 2014</td>
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Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Uterine leiomyomata, also called fibroids or myomas, are common benign muscle tumors of the uterus. They can be located within the uterine cavity (submucosal myomas), within the wall of the uterus (intramural myomas), or on the external surface of the uterus (subserosal myomas).
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.

Laparoscopic bipolar coagulation of uterine arteries has been investigated as an alternative to UAE. This technique involves laparoscopic ligation of uterine arteries by means of coagulation using bipolar current.

**Policy**

Transcatheter embolization of uterine arteries may be considered **medically necessary** as a treatment of uterine fibroids or treatment of postpartum uterine hemorrhage.

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

Transcatheter embolization for the management of cervical ectopic pregnancy is considered **investigational**.

Laparoscopic occlusion of the uterine arteries using bipolar coagulation is considered **investigational**.

**Policy Guideline**

**Patient Selection Criteria**

*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 (ACOG) 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;
- Excessive uterine bleeding as evidenced by either profuse bleeding lasting more than 8 days, or anemia due to acute or chronic blood loss;
- 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 UAE 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 suggest a high rate of success following repeat procedures for this purpose, with the majority of patients reporting relief of symptoms.
Coding Guidance

There is no specific CPT or HCPCS code to report transcatheter embolization of uterine arteries. Effective in 2014, there is a non-specific embolization code has been recommended for this procedure:

- 37243: 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 [when specified as uterine artery embolization]

The following non-specific CPT code may also be used to describe uterine artery embolization:

- 37244: Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation [when specified as uterine artery embolization]

- 37204: Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck [when specified as uterine artery embolization]

Prior to January 2014, there was a specific CPT code for this procedure:

- 37210: Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach, inclusive of vascular access, vessel selection, embolization and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure (code deleted effective 12/31/2013)

<table>
<thead>
<tr>
<th>Documentation Required for Clinical Review</th>
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<tbody>
<tr>
<td>- History and physical and/or consultation reports including:</td>
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<tr>
<td>- Past medical/surgical treatment and response</td>
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<tr>
<td>- Reason for treatment request</td>
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<tr>
<td>- Treatment plan</td>
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<tr>
<td>Post Service</td>
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<td>- Operative report</td>
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The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.