

Policy: MP110

Section: Medical Benefit Policy

Subject: Uterine Artery Embolization for Treatment of Symptomatic Fibroids

I. Policy: Uterine Artery Embolization for Treatment of Symptomatic Fibroids

II. Purpose/Objective:

To provide a policy of coverage regarding Uterine Artery Embolization for Treatment of Symptomatic Fibroids

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:

Uterine artery embolization is a treatment option used to promote shrinkage of symptomatic uterine fibroid tumors by blocking the blood supply to the fibroid, which causes infarction and atrophy.

INDICATIONS:

Treatment of symptomatic uterine fibroids manifested by:

- Fibroids considered to be the cause of excessive uterine bleeding; **or**
- Fibroids considered to be the cause of acute, severe low back or pelvic pain or pressure with urinary frequency; **or**
- Fibroids considered to be the cause of gastrointestinal symptoms related to compression of the bowel; **or**
- Dyspareunia; **or**
- Fibroids that are palpable abdominally and causing abdominal enlargement;

AND

Any of the following indications:

1. Poor surgical candidate for surgical treatment
2. Medical contraindication to hysterectomy
3. Contraindication to, intolerance to, or failure of hormonal therapy
4. Hydronephrosis
5. Desire to avoid hysterectomy
6. Desired fertility, but not a candidate for other treatment options such as myomectomy or hormonal therapy

CONTRAINDICATIONS: Any of the following:

Current pregnancy
Active pelvic inflammatory disease
Poorly controlled diabetes
Severe renal insufficiency
Uncorrected vascular or coagulatory disorders
Arteriovenous malformation
Ovarian, uterine, endometrial or cervical cancer
Undiagnosed pelvic mass

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Uterine Artery Embolization for Treatment of Symptomatic Fibroids

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

- 36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
- 36246 initial second order abdominal, pelvic or lower extremity branch, within a vascular family
- 36247 initial third order or more selective abdominal, pelvic or lower extremity artery branch, within a vascular family
- 36248 additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family
- 37204 Transcatheter occlusion or embolization, percutaneous, any method, non-central nervous system, non-head or neck
- 37210 Uterine artery 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, intra-procedural road-mapping, and imaging guidance necessary to complete the 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
- 75736 Angiography, pelvic, selective, radiological supervision and interpretation
- 75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation
- 75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion.

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LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Geisinger Clinic Technology Assessment Committee, TAC Triage Group, Uterine Artery Embolization. May 2003.

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Viswanathan, M, Hartmann, K, McKoy, N, Stuart, G, Rankins, N, Thieda, P, Lux, L, Lohr, KN. Management of Uterine Fibroids: An Update of the Evidence. Evidence Report/Technology Assessment No. 154 (Prepared by RTI International–University of North Carolina Evidence based Practice Center under Contract No. 290-02-0016. AHRQ Publication No. 07-E011. Rockville, MD: Agency for Healthcare Research and Quality. July 2007. Available at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/uterupdate/uterup.pdf>

American College of Obstetricians and Gynecologists. ACOG practice bulletin. Alternatives to hysterectomy in the management of leiomyomas. Obstet Gynecol. 2008 Aug;112(2 Pt 1):387-400. Reaffirmed 2016

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Mindjuk I, Trumm CG, Herzog P, et al. MRI predictors of clinical success in MR-guided focused ultrasound (MRgFUS) treatments of uterine fibroids: Results from a single centre. Eur Radiol. 2015;25(5):1317-1328.

Wang S, Meng X, Dong Y. The evaluation of uterine artery embolization as a nonsurgical treatment option for adenomyosis. Int J Gynaecol Obstet. May 2016;133(2):202-205

de Bruijn AM, Ankum WM, Reekers JA, et al. Uterine artery embolization vs hysterectomy in the treatment of symptomatic uterine fibroids: 10-year outcomes from the randomized EMMY trial. Am J Obstet Gynecol. Dec 2016;215(6):745 e741-745 e712

de Bruijn AM, Smink M, Hehenkamp WJK, et al. Uterine artery embolization for symptomatic adenomyosis: 7-year clinical follow-up using UFS-Qol Questionnaire. Cardiovasc Intervent Radiol. May 17 2017.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 7/03

Revised: 8/04(reference): 8/06 (reference)

Reviewed: 8/05, 8/07, 8/08, 8/09, 6/10, 6/11, 6/12, 6/13, 6/14, 6/15, 6/16, 6/17, 5/18, 5/19