

Uterine Fibroid Surgical Treatments



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

Benign Prostatic Hyperplasia Treatment
Cryoablation

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs and/or LCDs for uterine fibroid surgical treatments.

Description

Uterine fibroids (also referred to as leiomyomas or myomas) are noncancerous growths of the uterus that often develop during childbearing years. The size and growth pattern of uterine fibroids vary; some may be undetectable to the human eye while others are bulky masses that can distort the uterine cavity.

Many fibroids, even large ones, do not produce symptoms. However, when symptoms do occur (eg, excessive bleeding, pain, pressure), medical or surgical treatment may be warranted.

The surgical options for symptomatic fibroids that have not responded to medical treatment include, but may not be limited to:

A **hysterectomy** is the surgical removal of the uterus. During the procedure, a surgeon detaches the uterus from the ovaries, fallopian tubes and upper vagina, as well as from the blood vessels and connective tissue that support it. The uterus is then removed through the vagina or abdomen depending on which approach is utilized. Vaginal hysterectomy is the preferred surgical approach when hysterectomy is used to treat fibroids.

A **myomectomy** is the surgical removal of fibroids from the wall of the uterus via hysteroscopy, laparoscopy or laparotomy. The surgeon's goal during the procedure is to take out symptom-causing fibroids and reconstruct the uterus. Unlike a hysterectomy, which removes the entire uterus, a myomectomy removes only the fibroids and leaves the uterus intact. This makes it the preferred treatment for individuals interested in preserving fertility.

Uterine artery embolization (UAE) is a minimally invasive treatment for uterine fibroids. During this percutaneous procedure, a doctor uses a slender, flexible tube to inject embolic agents into the uterine arteries, which supply blood to the fibroids and uterus. The goal is to block the fibroid blood vessels, which will cause them to shrink and die. UAE also can be referred to as uterine fibroid embolization (UFE).

Performed by a board-certified radiologist, **magnetic resonance-guided focused ultrasound (MRgFUS)** is a minimally invasive alternative to open surgery. The combination of high intensity focused ultrasound (HIFU) with MRI guidance purportedly enables accuracy for tissue targeting, as well as real-time, thermal monitoring of the treatment effect. When high intensity focused ultrasound waves converge, they heat and ablate the targeted tissue. The Exablate Body System is an example of a device that uses MRgFUS.

Radiofrequency ablation (RFA) is also a proposed treatment for uterine fibroids. Ultrasound probes are used to determine the location and size of the fibroids. An electrode array then delivers alternating radiofrequency energy to drive a current through the tissue. Purportedly, this allows for controlled, local heating and results in targeted tissue destruction. There are a few approaches and devices utilized for fibroid RFA; some have been more rigorously studied than others. Examples of RFA devices include, but may not be limited to:

- **Acessa ProVu System** – Performs radiofrequency volumetric thermal ablation (RFVTA) **laparoscopically** to cause coagulative necrosis of fibroid tissue
- **MYOBLATE RFA** – Consists of the Mygen M-3004 RF Generator and MYOBLATE electrodes that coagulate and ablate symptomatic fibroids via a **transcervical or transvaginal** approach

- **Sonata System** – Utilizes real-time intrauterine ultrasound guidance with targeted RFA via a **transcervical** approach to destroy symptomatic fibroids

Another type of procedure that has been explored for freezing fibroids is known as **cryoablation**. With this technology, freezing temperatures are delivered to the endometrium via a cryoprobe during laparoscopy or hysteroscopy. An example of such a device used for this purpose includes, but may not be limited to, the Cerene Cryotherapy Device.

Uterine artery ligation/occlusion is a doppler-guided procedure in which the uterine arteries are temporarily clamped to stop the flow of blood to the fibroids in order to remove excess fibroid tissue.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

Uterine Fibroid Surgical Treatments

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
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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	
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch)	
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	
58260	Vaginal hysterectomy, for uterus 250 g or less;	
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	
58275	Vaginal hysterectomy, with total or partial vaginectomy;	
58290	Vaginal hysterectomy, for uterus greater than 250 g;	
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	

58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
58561	Hysteroscopy, surgical; with removal of leiomyomata	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
58578	Unlisted laparoscopy procedure, uterus	
58579	Unlisted hysteroscopy procedure, uterus	
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	
58999	Unlisted procedure, female genital system (nonobstetrical)	
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	
CPT® Category III Code(s)	Description	Comments
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	
HCPCS Code(s)	Description	Comments
No code(s) identified		

Change Summary

- 01/01/2024 New Policy.
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