Medical Policy
Radiofrequency Ablation to Treat Uterine Fibroids

Authorization Requirements

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Commercial and Connector/Qualified Health Plans</th>
<th>MassHealth</th>
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<tbody>
<tr>
<td>• laparoscopic radiofrequency ablation</td>
<td>X</td>
<td>X</td>
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<tr>
<td>• Transcervical radiofrequency ablation</td>
<td>X</td>
<td>Not Covered</td>
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Overview
The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine the medical necessity for laparoscopic or transcervical radiofrequency ablation to treat uterine fibroids. The treating specialist must request prior authorization for the procedure.

Coverage Guidelines
Initial Treatment
The use of an FDA approved device to destroy uterine fibroids through laparoscopic or transcervical ultrasound-guided radiofrequency ablation (e.g., Acessa™ or Sonata™) may be considered medically necessary when the member has one or more of the following symptoms directly attributed to uterine fibroids:

1. Excessive menstrual bleeding (menorrhagia)
2. Urinary symptoms or gastrointestinal symptoms (e.g. urinary frequency, abdominal bloating, constipation)
3. Pelvic pain
4. Lower back pain
5. Painful sexual relations (dyspareunia)

Exclusions
1. Fibroid size greater than 9 cm for Acessa and greater than 7 cm for Sonata
2. The member has an acute pelvic infection
3. The member has a diagnosis of gynecological cancer or a pre-cancerous lesion (e.g. atypical endometrial hyperplasia, leiomyosarcoma, etc.)
4. The member has an abnormal pap smear test result
5. The member is currently pregnant
6. Presence of an intrauterine device (IUD), unless removed prior to the introduction of the Sonata Treatment Device
7. Techniques for myolysis using energy sources other than radiofrequency ablation
Definitions

Laparoscopic Ultrasound-Guided Radiofrequency Ablation: A minimally invasive procedure that uses a laparoscopic ultrasound probe to determine the location and size of fibroids. Then a small electrode array delivers radiofrequency energy to destroy the fibroids.

Transcervical Radiofrequency Ablation: A minimally invasive procedure that integrates intrauterine ultrasound imaging with radiofrequency transcervical incisionless treatment to destroy uterine fibroids.

CPT/HCPC Codes

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<thead>
<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<tr>
<td>58674</td>
<td>Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency</td>
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<tr>
<td>0404T</td>
<td>Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency (Not covered for MassHealth Plans)</td>
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Effective
March 2021: Effective Date.

References


