



Corporate Medical Policy

MRI-Guided High Intensity Ultrasound Ablation of Uterine Fibroids

File Name: mri_guided_high_intensity_ultrasound_ablation_of_uterine_fibroids
Policy Number: RAD5121
Origination: 11/2004
Last Review: 5/2008
Next Review: 5/2010

Description of Procedure or Service

Uterine [fibroids](#) are one of the most common conditions affecting women in the reproductive years; symptoms include [menorrhagia](#), pelvic pressure, or pain. Hysterectomy and various myomectomy procedures are considered the gold standard treatment. However, there has been longstanding research interest in developing minimally invasive alternatives including endometrial [ablation](#), various laparoscopic [ablation](#) procedures using differing energy sources (i.e., laser, radiofrequency [ablation](#), or cryotherapy) and uterine artery embolization. Most recently, there has been interest in using high intensity focused ultrasound treatment that is guided by magnetic resonance imaging (MRI) as a totally noninvasive approach to the [ablation](#) of uterine [fibroids](#). The ultrasound beam penetrates through the soft tissues and, using MRI for guidance and monitoring, the beam can be focused on targeted sites. The ultrasound causes a local increase in temperature in the target tissue, resulting in coagulation [necrosis](#) while sparing the surrounding normal structures. In addition to providing guidance, the associated MRI imaging can provide on-line thermometric imaging that provides a temperature "map" that can further confirm the therapeutic effect of the [ablation](#) treatment and allow for real time adjustment of the treatment parameters.

Policy

BCBSNC does not provide coverage for MRI-Guided High Intensity Ultrasound Ablation of Uterine Fibroids. It is considered investigational. BCBSNC does not provide coverage for investigational services.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When MRI-Guided High Intensity Ultrasound Ablation of Uterine Fibroids is covered

Not applicable.

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When MRI-Guided High Intensity Ultrasound Ablation of Uterine Fibroids is not covered

BCBSNC does not provide coverage for MRI-Guided High Intensity Ultrasound [Ablation](#) of Uterine [Fibroids](#). It is considered investigational. BCBSNC does not provide coverage for investigational services.

Policy Guidelines

A technology assessment from the Agency for Healthcare Research and Quality (AHRQ) on the management of uterine fibroids was published in July 2007. The AHRQ report concluded that the strength of the evidence about MRI-guided ultrasound ablation of fibroids is weak, and that the one carefully conducted prospective case series ranks as poor for informing clinical decision making. The National Institute for Health and Clinical Excellence (NICE) also conducted a review of this technology and issued their guidance in September 2007. They concluded the current evidence on the safety and efficacy of MRI-guided transcutaneous focused ultrasound for uterine fibroids is such that this procedure should only be used with special arrangements for consent and for audit or research.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 0071T, 0072T

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: [RAD5121](#), [uterine fibroids](#), [ultrasound ablation](#), [MRI-guidance ultrasound ablation of uterine fibroids](#)

Medical Term Definitions

Ablation

the removal of tissue or an abnormal growth, usually by cutting; may also refer to a very high dose of treatment that is calculated to kill a tumor.

Fibroid

a benign tumor derived from smooth muscle, most commonly of the uterus.

Menorrhagia

profuse menstruation; excessive amount of the normal discharge of the menses

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Necrosis

death of cells or groups of cells.

Scientific Background and Reference Sources

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Policy Implementation/Update Information

11/11/04 New Policy issued. Reference added.

11/27/06References updated. Specialty Matched Consultant Advisory Panel review 10/23/06. No changes to policy coverage criteria

6/16/08 References updated. Specialty Matched Consultant Advisory Panel review 5/15/08. No change to policy statement.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.