

Corporate Medical Policy

Surgical Interruption of Pelvic Nerve Pathways for Dysmenorrhea

File Name:	surgical_interruption_of_pelvic_nerve_pathways_for_dysmenorrhea
Origination:	12/2004
Last CAP Review:	3/2012
Next CAP Review:	3/2013
Last Review:	3/2012

Description of Procedure or Service

Two laparoscopic surgical approaches are proposed as adjuncts to conservative surgical therapy for the treatment of primary and secondary dysmenorrhea. These approaches are laparoscopic uterine nerve ablation (LUNA) and presacral neurectomy (PSN).

Dysmenorrhea is defined as the occurrence of painful menstrual cramps. Primary dysmenorrhea occurs in the absence of an identifiable cause, while secondary dysmenorrhea is related to an identifiable pathologic condition, such as endometriosis, adenomyosis, or pelvic adhesions. The etiology of primary dysmenorrhea is incompletely understood, but is thought to be related to the overproduction of uterine prostaglandins. Therefore, first-line pharmacologic therapy typically includes non-steroidal anti-inflammatory drugs (NSAIDs), which reduce prostaglandin production. Oral contraceptives are another approach. Patients with secondary dysmenorrhea may be offered both NSAIDs and oral contraceptives, as well as a variety of other hormonal therapies. Patients with endometriosis frequently undergo surgery to ablate, excise, or enucleate endometrial deposits or lyse pelvic adhesions. Collectively, these surgical procedures may be referred to as “conservative surgical therapy.”

Uterine nerve ablation or presacral neurectomy are two laparoscopic surgical approaches that have been investigated as techniques to interrupt the majority of the cervical sensory nerve fibers in patients with dysmenorrhea. Uterine nerve ablation involves the transection of the uterosacral ligaments at their insertion into the cervix, while presacral neurectomy involves the removal of the presacral nerves lying within the interiliac triangle. Presacral neurectomy interrupts a greater number of nerve pathways compared to laparoscopic uterine nerve ablation, and is technically more demanding. Either LUNA or PSN can be performed as adjuncts to conservative surgical therapy in patients with secondary dysmenorrhea.

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

Laparoscopic uterine nerve ablation or presacral neurectomy is considered investigational as a technique to treat primary or secondary dysmenorrhea. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

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When surgical interruption of pelvic nerve pathways for dysmenorrhea is covered

Not applicable.

When surgical interruption of pelvic nerve pathways for dysmenorrhea is not covered

Surgical interruption of pelvic nerve pathways for dysmenorrhea is considered investigational. BCBSNC does not cover investigational services.

Policy Guidelines

A pooled analysis of 2 small trials on LUNA for treating primary dysmenorrhea found a significant benefit (but with large confidence intervals) of LUNA on pain relief at 12 months but not at 6 months. Pooled analyses of the available trials on LUNA for treating secondary dysmenorrhea have not found improvement in health outcomes compared to control conditions. Moreover, a recent trial that involved 487 patients and included women with primary or secondary dysmenorrhea did not find improved outcomes with LUNA at 12 months, or longer-term follow-up. Even though several trials have been published, the evidence does not permit conclusions about health outcomes due to small sample sizes of many studies and the paucity of studies with 1 year or longer follow-up.

The evidence on presacral neurectomy for treating primary dysmenorrhea is insufficient; no randomized trials were identified. Only one recent well-conducted trial on presacral neurectomy for secondary dysmenorrhea was identified; this trial found improvement in pain outcomes but also higher complication rates. The net health benefit considering the balance of risks and benefits remains unclear and need to be assessed in additional trials.

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 service codes: There is no specific CPT code for laparoscopic uterine nerve ablation or presacral neurectomy. When reporting this service the appropriate "Unlisted Procedure" code should be used.

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.

Scientific Background and Reference Sources

Proctor ML, Farquhar CM, Sinclair, OJ, Johnson NP. Surgical interruption of pelvic nerve pathways for primary and secondary dysmenorrhoea (Cochrane Review). In: *The Cochrane Library*, Issue 3, 2004.

Surgical Interruption of Pelvic Nerve Pathways for Dysmenorrhea

Chichester, UK: John Wiley & Sons, Ltd.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.17, 4/16/04.

Specialty Matched Consultant Advisory Panel - 12/2004.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.17, 3/7/06.

Specialty Matched Consultant Advisory Panel - 12/13/2006.

National Institute for Clinical Excellence (NICE). Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain. IP Guidance Number: IPG234. London, UK:NICE; October 2007. Available at: <http://www.nice.org.uk/nicemedia/pdf/IPG234Guidance.pdf>. Accessed September 22, 2008.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.17, 8/2/07.

Proctor ML, Latthe PM, Farquhar CM, Khan KS, Johnson NP. Surgical interruption of pelvic nerve pathways for primary and secondary dysmenorrhoea. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD001896. DOI: 10.1002/14651858.CD001896.pub2. Accessed September 23, 2008 at: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001896/frame.html>

Specialty Matched Consultant Advisory Panel -12/2008.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.17, 3/11/2010

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.17, 04/14/2011

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.17, 03/08/2012

Specialty Matched Consultant Advisory Panel -3/21/12

Policy Implementation/Update Information

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| 12/23/2004 | Specialty Matched Consultant Advisory Panel review - 12/9/04. Notification of new policy indicating that laparoscopic uterine nerve ablation or presacral neurectomy as a technique to treat primary or secondary dysmenorrhea is investigational. Notification given 12/23/04. Effective date 3/3/05. |
| 1/17/07 | Specialty Matched Consultant Advisory Panel review - 12/13/2006. No changes to criteria. Reference sources added. (pmo) |
| 1/12/09 | Information added to Policy Guidelines. Key words and Reference sources added. No changes to criteria. Specialty Matched Consultant Advisory Panel review - 12/2008. (pmo) |
| 6/22/10 | Policy Number(s) removed (amw) |
| 1/18/2011 | Description section revised. Policy Guidelines updated. No change to Policy Statement or criteria. Specialty Matched Consultant Advisory Panel review 12/16/2010. (adn) |
| 5/1/12 | Policy guidelines updated. No change to Policy Statement or criteria. Specialty Matched Consultant Advisory Panel review 3/21/12. (sk) |

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.