Surgical Interruption of Pelvic Nerve Pathways for Dysmenorrhea

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 (LUNA) and laparoscopic presacral neurectomy (PSN) are considered investigational as techniques 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.
Surgical Interruption of Pelvic Nerve Pathways for Dysmenorrhea

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

For individuals who have primary or secondary dysmenorrhea who receive LUNA, the evidence includes RCTs and a systematic review. Relevant outcomes are symptoms and treatment-related morbidity. RCTs comparing LUNA plus conventional treatment to conventional treatment alone, and meta-analyses of these trials, have not found a consistent benefit for the addition of LUNA. In addition, sample sizes tended to be small, and there are few studies with follow-up of 12 months or longer. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have primary or secondary dysmenorrhea who receive PSN, the evidence includes RCTs and a systematic review. Relevant outcomes are symptoms and treatment-related morbidity. No trials on primary dysmenorrhea were available and there are only several trials on secondary dysmenorrhea. A pooled analysis of 2 trials with a total of 197 women with secondary dysmenorrhea associated with endometriosis found significantly greater symptom relief with PSN plus surgery versus surgery alone at 12 months. The largest and most recent (2003) trial found improvement in pain outcomes but also higher complication rates with PSN, and had some methodologic limitations which limit its interpretation. The net health benefit remains unclear and needs to be further assessed in additional trials. The evidence is insufficient to determine the effects of the technology on health outcomes.

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


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Specialty Matched Consultant Advisory Panel -3/21/12


Policy Implementation/Update Information


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)


5/1/12 Policy guidelines updated. No change to Policy Statement or criteria. Specialty Matched Consultant Advisory Panel review 3/21/12. (sk)
## Surgical Interruption of Pelvic Nerve Pathways for Dysmenorrhea

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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.