

## Medical Affairs Policy & Procedure

**Title/Service:** Uterine Artery Embolization for Treatment of Fibroids

<b>Revised</b>	
<b>Reviewed</b>	08/25/00, 01/26/01, 01/25/02, 04/26/03, 09/26/03, 03/26/04, 06/02/06, 11/16/07, 11/21/08, 12/28/09, 10/22/10, 11/18/11
<b>Developed</b>	
<b>Policy Committee Approval</b>	11/18/11

### **Description:**

Uterine artery embolization is a procedure where a substance (usually polyvinyl alcohol particles) is injected through a catheter under fluoroscopic guidance into the uterine artery in an effort to occlude the blood flow that is feeding a uterine fibroid. A uterine fibroid (leiomyomata) is a benign tumor of the uterus. These tumors may be the source of excessive bleeding, pelvic pain, bladder pressure (leading to increased urinary frequency), and may possibly be a cause of infertility.

### **Indications of Coverage:**

Uterine artery embolization is considered medically necessary for the treatment of symptomatic uterine fibroids if ALL of the following conditions are met:

The individual has been evaluated by a gynecologist within the past twelve months, where the gynecologist has excluded other causes for the symptoms and has recommended uterine artery embolization

Documentation of a normal Pap smear within the past twelve months

Documentation of symptoms (for example, excessive/unusual menstrual bleeding or anemia, severe pelvic pain or pressure, dyspareunia (pain during sexual intercourse), urinary problems due to pressure on the urethra or bladder) that can be directly related to the enlarged fibroids

A MRI or vaginal ultrasound documents that the fibroid is not pedunculated (connected by a stalk-like structure)

Documentation of the failure of a three-month trial of conservative therapy (hormone medications used to shrink the fibroid) or documentation of the contraindications to conservative therapy

**Limitations of Coverage:**

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Uterine artery embolization for patients who elect the procedure over the standard surgical treatments (hysterectomy, myomectomy) in an effort to maintain fertility is considered experimental or investigative.

If uterine artery embolization is used to treat fibroids that have been diagnosed as the cause of infertility, review whether treatment of infertility is a benefit of the policy.

Uterine artery embolization is considered investigational if the patient has undergone a previous uterine artery embolization.

If other abdominal/pelvic surgery will be performed in the same setting or is being considered for the near future, the uterine artery embolization is considered not medically necessary.

Uterine artery embolization is considered not medically necessary if any of the following are documented:

Peri- or postmenopausal patients

Previous pelvic radiation

Pelvic cancer is present or suspected

Severe endometriosis or adenomyosis

Current pregnancy

Recent rapid growth of a fibroid

Current abdominal/pelvic infection

Chronic pelvic inflammatory disease

The fibroid is pedunculated (connected by a stalk-like structure)

## **Documentation Required:**

- Office notes
- Recent notes (within three months) from the referring obstetrician/gynecologist
- Procedure Report
- Imaging report (ultrasound or MRI)

## **Rationale:**

Uterine fibroids, also called leiomyomata or myomata, affect approximately 20% of women older than 35 years of age and 40% of women older than 50 years of age. Treatment for uterine fibroids includes oral medications, oral contraceptives, hormone therapy, surgical excision, and uterine artery embolization. Studies have shown that embolization is an effective procedure in selected individuals. Studies have also shown a higher incidence of complications and readmissions for complications due to embolization treatments. Further studies evaluating the readmission rates have been recommended. There are few controlled clinical trials evaluating conventional surgical treatment versus embolization, and the ones that are available generally include a small number of participants. These studies support the findings of a greater post-procedure complication rate for uterine artery embolization.

There is no consensus on which individuals are appropriate candidates for uterine artery embolization. A limited number of small studies have suggested some inclusion criteria and plans are underway for a large clinical trial to further identify those findings that identify appropriate candidates.

Although uterine artery embolization has been recommended for treatment of fibroids for individuals wishing to maintain fertility, there is insufficient peer-reviewed scientific literature supporting this position. The American College of Obstetricians and Gynecologists has determined that there is insufficient data regarding the safety of embolization for individuals wishing to become pregnant in the future.

## **References:**

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*Approved by the Medical Director*