

Medical Policy

Radiofrequency Ablation to Treat Uterine Fibroids

Policy Number: 050

Authorization Requirements

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization Required	X	X	X (58580)
No Prior Authorization			X (58674)

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan 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); or
2. Urinary symptoms or gastrointestinal symptoms (e.g., urinary frequency, abdominal bloating, constipation); or
3. Pelvic pain; or
4. Lower back pain; or
5. Painful sexual relations (dyspareunia).

Exclusions

1. Fibroid size greater than 9 cm for Acessa and greater than 7 cm for Sonata. Exceptions to this exclusion will be considered on an individual basis by a Medical Director.
2. The member has an acute pelvic infection; or
3. The member has a diagnosis of gynecological cancer or a pre-cancerous lesion (e.g., atypical endometrial hyperplasia, leiomyosarcoma, etc.); or
4. The member has an abnormal pap smear test result without appropriate follow-up; or
5. The member is currently pregnant; or
6. Presence of an intrauterine device (IUD), unless removed prior to the introduction of the Sonata Treatment Device; or
7. Techniques for myolysis using energy sources other than radiofrequency ablation.

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations. **As of Mass General Brigham Health Plan’s most recent policy review, CMS had no NCDs/LCDs for radiofrequency ablation to treat uterine fibroids.**

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for coverage determinations for its MassHealth members. **At the time of Mass General Brigham Health Plan’s most recent policy review, MassHealth did not have medical necessity guidelines for radiofrequency ablation to treat uterine fibroids.**

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.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency

Effective

December 2024: Ad-hoc update. Clarified Medicare variation. Added MassHealth variation. Fixed prior authorization table at top of policy.

April 2024: Ad-hoc update to allow for exceptions to exclusion #1.

March 2024: Annual review.

January 2024: Coding update. 0404T code replaced with CPT 58580.

March 2023: Annual review. Medicare Advantage added to table. References updated.

June 2022: Ad-hoc update. Added transcervical radiofrequency ablation as a covered service for MassHealth.

March 2022: Annual Review. References updated.

March 2021: Effective Date.

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