BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 09/16/14
LAST REVIEW DATE:
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

POWER MORCELLATION OF THE UTERUS AND PROSTATE

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Description:

Morcellation is the division of tissue into smaller pieces or fragments to facilitate removal of tissue. Laparoscopic power morcellators (LPMs) are medical devices used to fragment tissue to allow surgical specimens to be removed through small incisions during minimally invasive laparoscopic surgeries including uterine and prostate surgeries.

The FDA issued a safety communication 04/17/2014 discouraging the use of laparoscopic power morcellation during hysterectomy or myomectomy for the treatment of women with uterine fibroids. Per the safety communication, in women with unsuspected uterine sarcoma, the procedure could spread cancerous tissue within the abdomen and pelvis significantly worsening likelihood of long-term survival.

POWER MORCELLATION OF THE UTERUS AND PROSTATE (cont.)

Criteria:

- Laparoscopic power morcellation in the treatment of uterine and prostate disorders is considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

Resources:

1. FDA. Laparoscopic Uterine Power Morcellation in Hysterectomy and Myomectomy: FDA Safety Communication. 04/17/2014.

2. Up to Date. Laparoscopic Hysterectomy. Last updated 08/18/2014.

3. Up to Date. Differentiating Uterine Leiomyomas (Fibroids) From Uterine Sarcomas. Last updated 08/19/2014.

4. Up to Date. Instruments and Devices Used in Laparoscopic Surgery. Last updated 08/04/2014.