blue of california

Medical Policy

Presacral Neurectomy (PSN) and Laparoscopic Uterine Nerve Ablation (LUNA)	
Type: Investigational / Experimental	**Policy Specific Section:** Surgery
Original Policy Date: March 22, 1995	**Effective Date:** January 11, 2013

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Laparoscopic uterine nerve ablation (LUNA) and presacral neurectomy (PSN) are surgical procedures proposed for the treatment of dysmenorrhea and chronic pelvic pain. Laparoscopic uterine nerve ablation involves the disruption of the efferent nerve fibers in the uterosacral

ligament. Presacral neurectomy involves the interruption of the sympathetic nerves to the uterus at the level of the superior hypogastric plexus. These procedures have been utilized as stand-alone interventions or as adjuncts to conservative surgical therapy in the treatment of secondary dysmenorrhea.

Policy

Presacral neurectomy (PSN) is considered **investigational** for all indications, including but not limited to, the treatment of primary and secondary dysmenorrhea.

Laparoscopic uterine nerve ablation (LUNA) is considered **investigational** for all indications, including but not limited to, the treatment of primary and secondary dysmenorrhea.

Policy Guideline

- Conservative surgical therapy for secondary dysmenorrhea includes ablation or excision of endometrial implants outside of the uterus, lysis of pelvic adhesions or myomectomy
- Laparoscopic uterine nerve ablation (LUNA) is always performed with a laparoscopy
- Presacral neurectomy can be performed during a laparoscopy or during a laparotomy
- There are no specific CPT codes for LUNA or PSN
    - CPT code 58578 (unlisted laparoscopy procedure, uterus) may be used for both procedures.
    - CPT code 64999 may be used for PSN
    - Other unlisted laparoscopic or procedural codes may also be used

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• No records required

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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