

Protocol

Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea

(40117)

Medical Benefit	Effective Date: 10/01/09	Next Review Date: 05/15
Preauthorization	No	Review Dates: 05/09, 05/10, 05/11, 05/12, 05/13, 05/14

*The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is not required but is recommended if, despite this Protocol position, you feel this service is medically necessary.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

Description

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).

Background

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 nonsteroidal 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 (UNA) and presacral neurectomy (PSN) 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. UNA involves the transection of the uterosacral ligaments at their insertion into the cervix, while PSN involves the removal of the presacral nerves lying within the interiliac triangle. PSN interrupts a greater number of nerve pathways compared to laparoscopic uterine nerve ablation (LUNA), and is technically more demanding. Either LUNA or PSN can be performed as adjuncts to conservative surgical therapy in patients with secondary dysmenorrhea.

Policy (Formerly Corporate Medical Guideline)

Laparoscopic uterine nerve ablation (LUNA) and laparoscopic presacral neurectomy (LPSN) are considered **investigational** as techniques to treat primary or secondary dysmenorrhea.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

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13. Chen FP, Chang SD, Chu KK et al. Comparison of laparoscopic presacral neurectomy and laparoscopic uterine nerve ablation for primary dysmenorrhea. J Reprod Med 1996; 41(7):463-6.

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