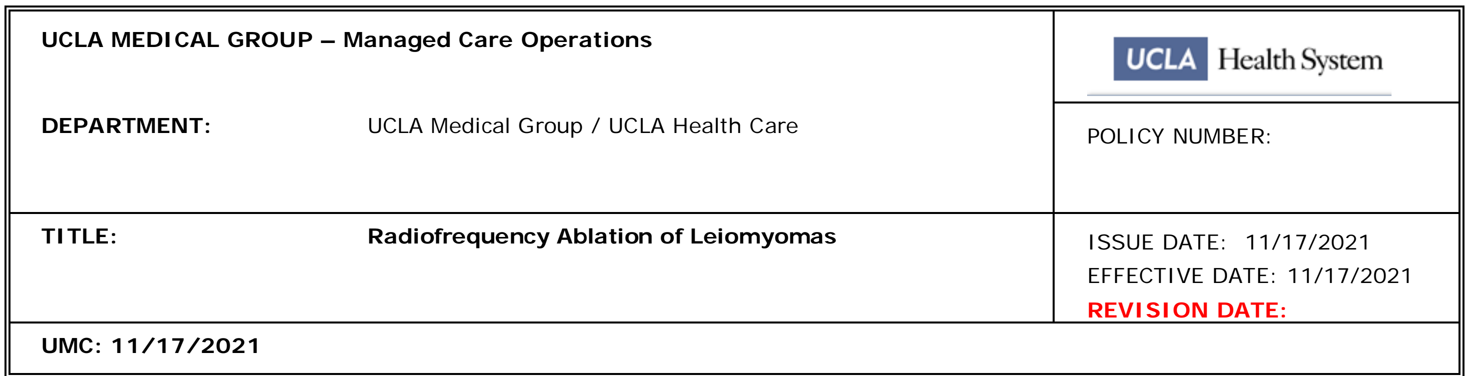

UCLA MEDICAL GROUP – Managed Care Operations		UCLA Health System
DEPARTMENT:	UCLA Medical Group / UCLA Health Care	POLICY NUMBER:
TITLE:	**Radiofrequency Ablation of Leiomyomas**	ISSUE DATE: 11/17/2021 EFFECTIVE DATE: 11/17/2021 REVISION DATE:
UMC: 11/17/2021		

PURPOSE:
Establish an evidence based clinical policy for Radiofrequency Ablation of Leiomyoma's (Fibroids) in the UCLA managed care population in order to standardize care and processes across settings, specialties, health plans, lines of business, providers and UM reviewers.

Background / Definitions:
Radiofrequency ablation of a tumor involves the delivery of high-frequency alternating current to induce thermal injury of target tissue. It may be performed percutaneously, transcervically, or surgically via laparoscopy or laparotomy; the procedure is performed with CT, MRI, or ultrasound guidance.

POLICY:
Radiofrequency ablation for uterine leiomyomas is indicated when ALL of the following are present:

1. Leiomyomas are documented by imaging study (e.g., ultrasound) or hysteroscopy and Fibroids and are less than 10 cm in any diameter. Uterine size does not exceed 16 weeks' gestation.
2. Patient desires uterine conservation, and has been advised that infertility rates from this procedure are unknown.
3. Patient is premenopausal.
4. Patient has experienced persistent symptoms (3 months or greater in duration) directly attributed to presence of leiomyomas, as indicated by one or more of the following:

   a) Abnormal uterine bleeding unresponsive to conservative management (e.g., hormonal therapy)
   b) Dyspareunia (painful intercourse)
   c) Infertility
   d) Iron deficiency anemia
   e) Pelvic pain or pressure
   f) bulk-related pelvic pain, pressure or discomfort
   g) Urinary symptoms referable to compression of the ureter or bladder, and/or dyspareunia).

5. Testing has ruled out other potential causes for symptoms.

APPLICABILITY:
This policy applies to the following procedures:
Transcervical radiofrequency ablation with ultrasound guidance (e.g., the Sonata System).
Open surgical procedures
Laparoscopic (e.g., the Acessa System))

ACOG American College of Gynecology – Endometrial Ablation

Clinical practice guidelines made available by UCLA Medical Group are informational in nature and are intended as a resource for patient care. They are not a substitute for the professional medical judgment of treating physicians.

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DOCUMENT CONTROL:

Approving Body: WW UMC Committee 11/17/2021

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REVISION / REVIEW HISTORY

Date	Action	Reason
11-17-2021		New Policy Created and approved by UMC