

2014.2 Procedures Criteria

Subset: Ablation or Excision, Endometriosis, Laparoscopic^(1, 2, 3)**Requested Service:** Ablation or Excision, Endometriosis, Laparoscopic**Age:** Age ≥ 18

PATIENT:	Name	D.O.B.	ID#	GROUP#
CPT®/ICD:	Code	Facility	Service Date	
PROVIDER:	Name		Fax#	Phone#
	Signature		Date	NPI/ID#

ICD-9:

CPT®:

Choose one of the following options and continue to the appropriate section:

10. Initial ablation or excision for known endometriosis
20. Repeat ablation or excision

 10. Initial ablation or excision for known endometriosis1. Choose all that apply:⁽⁴⁾

- A) GnRH agonist ≥ 8 weeks⁽⁵⁾
- B) Depot medroxyprogesterone or oral contraceptive pill (OCP) ≥ 8 weeks
- C) Danazol ≥ 8 weeks⁽⁶⁾
- D) Other clinical information (add comment)

- If 1 or more options A, B or C selected and option D not selected, then go to question 2
- No other options lead to the requested service

2. Continued symptoms after treatment⁽⁷⁾

- Yes
- No

- If option Yes selected, then the rule is satisfied; you may stop here (**Outpatient**)
- No other options lead to the requested service

 20. Repeat ablation or excision1. Recurrent symptoms post ablation or excision performed ≥ 6 months ago^(7, 8)

- Yes
- No

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20. Repeat ablation or excision (*Continued...*)

- If option Yes selected, then go to question 2
- No other options lead to the requested service

2. Repeat trial of medication, Choose all that apply:⁽⁴⁾

- A) GnRH agonist \geq 8 weeks⁽⁵⁾
- B) Depot medroxyprogesterone or oral contraceptive pill (OCP) \geq 8 weeks
- C) Danazol \geq 8 weeks⁽⁶⁾
- D) Other clinical information (add comment)

- If 1 or more options A, B or C selected and option D not selected, then go to question 3
- No other options lead to the requested service

3. Continued symptoms after treatment^(9, 10)

- Yes
- No

- If option Yes selected, then the rule is satisfied; you may stop here (*Outpatient*)
- No other options lead to the requested service

Notes

(1)

I/O Setting: Outpatient

(2)

There are instances when laparoscopic ablation or excision of endometriosis will convert to an open procedure. Initial requests for ablation or excision via an open approach, however, require secondary medical review.

(3)

Laparoscopic ablation or excision of endometriosis is performed if pain (e.g., chronic pelvic pain, dysmenorrhea, dyspareunia) continues despite medical therapy; both ablation and excision have been shown to be effective in treating the pain associated with endometriosis (Leyland et al., *J Obstet Gynaecol Can* 2010, 32: S1-32; Jacobson et al., *Cochrane Database Syst Rev* 2009; (4): CD001300).

(4)

Although there is a lack of evidence regarding the benefit of a combined contraceptive or progestin alone for the symptoms of endometriosis, their use is considered a first-line option (Brown et al., *Cochrane Database Syst Rev* 2012, 3: CD002122; Brown et al., *Cochrane Database Syst Rev* 2010: CD008475; Leyland et al., *J Obstet Gynaecol Can* 2010, 32: S1-32).

(5)

The GnRH agonists include leuprolide, nafarelin, and goserelin. These compounds mimic the action of GnRH and, thereby, suppress the hormones produced by the ovary that stimulate endometrial growth.

(6)

If symptoms do not respond to an oral contraceptive pill (OCP) or GnRH agonist, then treatment with danazol or a progestin (e.g., depot medroxyprogesterone) is appropriate (Giudice, *N Engl J Med* 2010, 362: 2389-98; Leyland et al., *J Obstet Gynaecol Can* 2010, 32: S1-32).

(7)

Symptoms of endometriosis include chronic recurrent pelvic pain, dysmenorrhea, infertility, and dyspareunia.

(8)

Although operative treatment is associated with a reduction in pain immediately following surgery, 40% of women experience recurrence of symptoms, typically secondary to cyst recurrence, starting at 6 months postoperatively (American College of Obstetricians and Gynecologists, *Obstet Gynecol* 2010, 114: 223-36; Ferrero et al., *Clin Evid (Epub)* 2010, 2010 [cited Sept 2013]). Because continued medical treatment or an alteration in therapy can alleviate symptoms, most surgeons wait at least 6 months before repeating endometrioma ablation or excision.

(9)

Postoperative medical therapy is useful for residual disease when pain is not relieved or to extend the pain-free interval following surgery (American College of Obstetricians and Gynecologists, *Obstet Gynecol* 2010, 114: 223-36; Ferrero et al., *Clin Evid (Epub)* 2010, 2010 [cited Sept 2013]). Treatment with a medication not previously tried or multiple drug regimens may aid in relieving symptoms.

(10)

The listed treatment(s) should have occurred following the initial ablation or excision.

ICD-9 (circle all that apply): 45.31, 54.21, 54.4, 617.0, 617.1, 617.2, 617.3, 617.4, 617.5, 617.6, 617.8, 617.9, 65.25, 66.61, 67.39, 68.29, 70.32, Other_____

CPT® (circle all that apply): 44110, 44111, 44799, 53899, 58662, 58999, Other_____