

Laparoscopic Uterosacral Nerve Ablation (LUNA) and Presacral Neurectomy (PSN)

Table of ContentPurposeDescription & DefinitionsCriteriaCodingDocument HistoryReferencesSpecial NotesKeywords

| Effective Date | 3/2008 |
|-------------------------|-------------|
| <u>Next Review Date</u> | 2/15/2024 |
| <u>Coverage Policy</u> | Surgical 84 |
| <u>Version</u> | 6 |
| | |

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details<u>*</u>.

Purpose:

This policy addresses the medical necessity for Laparoscopic Uterosacral Nerve Ablation (LUNA) and Presacral Neurectomy (PSN).

Description & Definitions:

Laparoscopic Uterosacral Nerve Ablation (LUNA) is a surgical procedure that cuts uterine nerve fibers.

Presacral Neurectomy (PSN) is a surgical procedure to cut nerves to the uterus.

Criteria:

Laparoscopic Uterosacral Nerve Ablation (LUNA) and Presacral Neurectomy (PSN) are considered not medically necessary for any indication.

| Coding: | |
|-----------------|----------------------|
| Medically neces | ssary with criteria: |
| Coding | Description |
| | None |

Considered Not Medically Necessary:

| Coding | Description |
|--------|-----------------------------------------------------------------|
| 49329 | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum |
| 58578 | Unlisted laparoscopy procedure, uterus |

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2019: November
- 2009: March

Reviewed Dates:

- 2023: February
- 2022: March
- 2021: March
- 2020: March
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- 2012: 0010
 2011: May
- 2010: March

Effective Date:

• March 2008

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Surgical 84

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Keywords:

Laparoscopic Uterosacral Nerve Ablation, LUNA, Presacral Neurectomy, PSN, Surgical 84, nerve, uterine, pain, laparotomy, uterus