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

AUTH: SHP Surgical 84 v4 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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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.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of Presacral Neurectomy (PSN) as it is not shown to improve health outcomes upon technology review.

There is insufficient scientific evidence to support the medical necessity of Laparoscopic Uterosacral Nerve Ablation (LUNA) as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

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- NA

Document History

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- Revised Dates:
 - 2019: November
 - 2009: March
- Reviewed Dates:
 - 2023: February
 - 2022: March
 - 2021: March
 - 2020: March
 - 2018: October
 - 2017: November
 - 2016: June
 - 2015: June
 - 2014: June
 - 2013: June
 - 2012: June
 - 2011: May
 - 2010: March
- Effective Date: March 2008

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 49329 - Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
 - CPT 58578 - Unlisted laparoscopy procedure, uterus

References

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References used include but are not limited to the following:

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