



UM-CDG-057 Uterine Fibroid Surgical Treatments

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address uterine fibroid surgical treatments. Uterine fibroids, also called leiomyomas or myomas, are noncancerous growths of the uterus, often developing during childbearing years. The size and growth patterns vary with some being undetectable and others being bulky masses that can distort the uterine cavity. Many, even large fibroids, are asymptomatic. However, when symptoms present medical or surgical treatment may be needed.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

Hysterectomy: surgical removal of the uterus.

Myomectomy: surgical removal of fibroids from the wall of the uterus via hysteroscopy, laparoscopy, or laparotomy.

Uterine Artery Embolization (UAE): minimally invasive procedure where a flexible tube is used to inject embolic agents into the uterine arteries to block blood flow to the fibroid vascularization, causing it to shrink and die.

Magnetic Resonance Guided Focused Ultrasound (MRgFUS): minimally invasive surgical alternative that uses a combination of high intensity focused ultrasound with magnetic resonance imaging (MRI) guidance for tissue targeting and real time monitoring of the treatment effect.

Radiofrequency Ablation: uses ultrasound probes to determine location and size of fibroids then an electrode array delivers alternating radiofrequency energy to drive a current through the tissue.

Uterine Artery Ligation/Occlusion: doppler guided procedure where the uterine arteries are temporarily clamped to stop the flow of blood to fibroids to remove excess fibroid tissue.

RELATED POLICY(IES)

[UM-CDG-034 Cryoablation](#)

POLICY

SECUR Health Plan will consider hysterectomy as medically necessary when the following is met:

1. Confirmed uterine fibroids, and
2. Persistent symptoms, lasting three (3) or more consecutive months, despite medical management, and
3. No contraindications for the member to have the procedure.

Radiofrequency ablation, myomectomy, and uterine artery embolization/uterine fibroid embolization (UAE/UFE) will be considered medically necessary when the following is met:

1. Confirmed uterine fibroids, and
2. Member desires uterine sparing procedure, and
3. Persistent symptoms, lasting three (3) or more consecutive months, despite medical management, and
4. No contraindications for the member to have the procedure.

The following are considered not medically necessary:

1. Cryoablation for uterine fibroids
2. MRgFUS/HIFU
3. Uterine artery ligation/occlusion

Review of current medical literature shows insufficient evidence to show these services are standard medical treatment and lacking information to show evidence of long-term clinical outcomes or benefit.

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