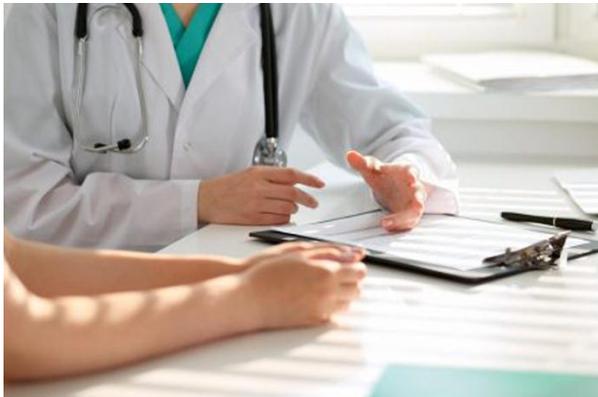


A Better Guideline Needed For Approaching Endometriosis



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Guidelines on endometriosis were last updated in 2010 and then reaffirmed in 2016, and are currently being reviewed. It's time for the **healthcare regulators** to chalk out the guideline once again as many women in various parts of US are protesting about it.

Understanding Endometriosis

Chronic inflammatory condition defined by endometrial stromal and glands found outside of the uterine cavity. The most common sites affected are the pelvic peritoneum and ovaries.

May present incidentally in asymptomatic patients, or more commonly in women of reproductive age who complain of chronic pelvic pain and/or subfertility.

Clinical suspicion is generally sufficient to initiate therapy, but the diagnosis can only be confirmed by direct visualization and focused biopsies during laparoscopy.

Treatment options include NSAIDs, combined oral contraceptive pills, GnRH agonists, progestin-containing compounds, danazol (or related androgens), and surgical destruction of lesions. Controlled ovarian hyperstimulation and IVF may be considered for patients with subfertility.

Individualized care for patients with pelvic pain should incorporate a multidisciplinary evaluation and treatment plan that focuses on limiting the risk of recurrence and improving quality of life.

Definition Of Endometriosis

Endometriosis is defined as the presence of endometrial glands and stroma outside the endometrial cavity and uterine musculature. Surgical appearance varies significantly from superficial blebs to infiltrating fibrosis. Direct visualization confirmed by histological examination remains essential for diagnosis.

Lack Of Specialists In The Specialty

One problem the specialty faces is the lack of **ob gyns that specialize in treating endometriosis**. Of the 50,000 ob gyns that ACOG represents, about 125-150 are true endometriosis specialists; their interests are not represented. That speaks to the larger problem that ACOG is supposedly responsible for the training of the best healthcare providers in the world; they're not training on endometriosis. It gets a 15-20-minute mention in medical school and that's end of it.

Many patients are put on birth control for long periods of time, even though it is palliative and associated with high recurrence. **Patients will have 10 ablation surgeries with their ob gyn**, but their regular ob gyn isn't trained to take tissue off of the bowel and off of the bladder, so patients are getting multiple, partial, ineffective surgeries time and time again, which are associated with high pain recurrence. The definitive treatment ACOG promotes is hysterectomy, when by definition endometriosis is a disease outside the uterus. Even after hysterectomy, patients are still in pain and still suffering.

All we're asking is for ACOG to educate providers, and for it not to take so long to diagnose patients and refer them to a specialist who is equipped to handle this very challenging disease," she added.

Need Of Better Billing And Coding In Endometriosis

One issue that both sides agree on is the need for better coding and reimbursement for endometriosis treatment. For deep pelvic excision, a specific code has not been developed. Nevertheless, ACOG doesn't develop reimbursement codes; they are developed and approved by the RBRVS Update Committee (RUC), which is run by the American Medical Association. Here the need of specialty medical billing and coding team is the most.

We have been working with several other societies trying to assist in having a code developed, but we have to have the information peer reviewed articles to base a coding discussion on that ACOG has worked on the issue along with the American College of Surgeons and the American Society for Reproductive Medicine.

As of now all endometriosis surgery is coded the same way, but it is far from the same. The code being used is 58662, which is defined as "laparoscopic surgery with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface, by any method."

After 2016 there have been no guideline issues for approaching Endometriosis. It's about time the healthcare regulators spring into action and do something about the concerns of thousands of women.