MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

Policy Number: MP.089.MH
Last Review Date: 11/08/2018
Effective Date: 02/01/2019

MP.089.MH – Endometrial Ablation

This policy applies to the following lines of business:
- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Endometrial Ablation** medically necessary when the member meets all of the following criteria:

a) The member is premenopausal with a normal endometrial cavity by ultrasound evaluation and has been diagnosed with menorrhagia or has patient-perceived heavy menstrual bleeding interfering with normal activities of daily life
b) The member is not pregnant and has no desire for future fertility,
c) The member has tested negative for uterine cancer and endometrial hyperplasia, negative cervical cytology and endometrial tissue sampling/biopsy demonstrating lack of cancer or endometrial hyperplasia
d) The device is FDA approved for this procedure,
e) The member has failed to respond to more conservative therapies (e.g. medical therapy including treatment with hormones, medications or dilatation and curettage).

Limitation: If the member has been diagnosed with Menorrhagia or excessive bleeding in the context of submucosal myomata, the size should be less than 3 cm in diameter

Background
The American Academy of Family Physicians defines endometrial ablation as the minimally invasive surgical procedure used to treat abnormal uterine bleeding in select women who have no desire for fertility. Abnormal uterine bleeding is defined as excessive menstrual blood loss which interferes with a woman's quality of life (physical, social, emotional and/or material).

The following devices have been approved by the Food and Drug Administration (FDA) for use in endometrial ablation as a treatment for menorrhagia:
- Cryo probes
- Electric (resecting rollerball, loop, triangular mesh)
- Laser
- Microwave Endometrial Ablation (MEA) System
- High Radiofrequency, Impedance-Controlled (RF)

- Thermoablation (heated saline, thermal fluid filled balloon)

Cryosurgical ablation -- uses probes at extremely low temperatures to freeze and destroy the endometrial lining of the uterus to reduce or prevent abnormal uterine bleeding from benign causes.

Electrocautery (resecting rollerball, loop, and triangular mesh) ablation -- is used to deliver energy via an electric current applied to the endometrial lining to cauterize the tissue

Endometrial Laser ablation (ELA) – ELA is a hysterosopic procedure in which light from a surgical laser is used to coagulate and destroy the endometrium, the glandular inner lining of the uterus.

Microwave ablation – microwave energy is sent through a narrow, microwave antenna that has been placed inside the tissue. The heat created destroys the tissue.

Radiofrequency, Impedance-Controlled (RF) -- is a surgical device that uses RF energy to expand in the uterine cavity and then destroy the endometrial lining of the uterus. This technique is indicated for premenopausal women with menorrhagia from benign causes.

Thermal Balloon and Hydrothermal Endometrial Ablation – Thermal balloon endometrial ablation (TBEA) uses a balloon filled with heated fluid to destroy the endometrium. For hydrothermal endometrial ablation (HTEA), heated liquid is applied directly to the endometrium. ThermaChoice device for TBEA and the Hydro ThermAblator device for HTEA have been approved by the FDA.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
58353	Endometrial ablation, without hysteroscopic guidance
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58563	Hysteroscopy, surgical, with endometrial ablation
ICD-10 codes covered if selection criteria are met:	
D25.0-D25.9	Leiomyoma of uterus

N92.0-N92.6	Excessive, frequent, and irregular menstruation
N93.0-N93.8	Abnormal uterine and vaginal bleeding

References

1. American Family Physician Practice Guidelines: ACOG Guidelines on Endometrial Ablation. Am Fam Physician 2008 Feb; 77(4):545-546. http://www.aafp.org/afp/2008/0215/p545.html
2. Hayes Medical Technology Directory. Endometrial Laser Ablation. Annual Review April 12, 2008. Archived Nov. 12, 2008.
3. Hayes Medical Technology Directory. Thermal Balloon and Hydrothermal Endometrial Ablation. Annual Review March 21, 2008. Archived Nov. 12, 2008.
4. Johns Hopkins Medicine Health Library. Endometrial Ablation. http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gynecology/endometrial_ablation_92,p07774/
5. National Institute for Health and Care Excellence (NICE). Clinical Guidelins (CG). Heavy Menstrual Bleeding. NG88. Published March 2018. https://www.nice.org.uk/guidance/ng88
6. U.S. Food & Drug Administration (FDA). Medical Device Approval: NovaSure™ Impedance Controlled Endometrial Ablation System - P010013. Issued: 09/28/2001. https://www.accessdata.fda.gov/cdrh_docs/pdf/P010013b.pdf
7. U.S. Food & Drug Administration. Medical Device Approval: Microwave Endometrial Ablation (MEA) System P020031. Issued 09/23/2003. Page Last Updated 10/29/2018. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P020031
8. ACOG Practice Bulletin number 81 “Endometrial Ablation”, May 2007, reaffirmed 2015; The American College of Obstetricians and Gynecologists
9. ACOG Committee Opinion No. 631 “ Endometrial Intraepithelial Hyperplasia”, May 2015; The American College of Obstetricians and Gynecologists

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