Medical Health, Inc.
POLICY AND PROCEDURE MANUAL

Policy Number: MP.089.MH
Last Review Date: 11/12/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

MP.089.MH – Endometrial Ablation

This policy applies to the following lines of business:
- MedStar Employee (Select)
- MedStar MA – DSNP – CSNP
- MedStar CareFirst PPO

MedStar Health considers Endometrial Ablation medically necessary for the following indications:

1) Endometrial ablation is considered medically necessary and is covered when the member meets all of the following criteria:
   a) The member is premenopausal with normal endometrial cavities who have menorrhagia or patient-perceived heavy menstrual bleeding,
   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,
   d) The device is FDA approved for this procedure,
   e) The member has been diagnosed with Menorrhagia or excessive bleeding in the context of submucosal myomata.
   f) The member has failed to respond to more conservative therapies (e.g. medical therapy including treatment with hormones, medications or dilatation and curettage).

Limitations
1) Experimental-Investigational:
   a) Photodynamic/Chemical Ablation (e.g., with trichloroacetic acid)

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:

<table>
<thead>
<tr>
<th>CPT Codes / HCPCS Codes / ICD-10 Codes</th>
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<tr>
<td><strong>Code</strong></td>
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<td><strong>CPT Codes</strong></td>
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<td>58353</td>
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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>58356</td>
<td>Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed</td>
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<tr>
<td>58563</td>
<td>Hysteroscopy, surgical, with endometrial ablation</td>
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**ICD-9 codes covered if selection criteria are met:**

- 218.0-218.9  
  Leiomyoma of uterus
- 626.2  
  Excessive or frequent menstruation
- 626.4-626.8  
  Abnormal bleeding from female genital tract
- 627.0  
  Premenopausal menorrhagia

**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
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References


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