Introduction

Endometrial ablation is a minimally invasive surgical treatment that destroys the lining of the uterus. It is used to treat abnormal uterine bleeding, which is excessive menstrual blood loss that interferes with quality of life. The goal of endometrial ablation is to reduce menstrual blood flow. The doctor inserts thin tools through the vagina and cervix. Extreme cold, electrical current, lasers, microwaves, radiofrequencies, or heated fluids are types of ablation methods that may be used. This policy describes when endometrial ablation may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

<table>
<thead>
<tr>
<th>Service</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endometrial ablation</td>
<td>Endometrial ablation may be considered medically necessary when the patient meets ALL of the following criteria:</td>
</tr>
</tbody>
</table>
### Service

<table>
<thead>
<tr>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The patient 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</td>
</tr>
<tr>
<td>• The patient is not pregnant and has no desire for future fertility</td>
</tr>
<tr>
<td>• The patient has tested negative for uterine cancer and endometrial hyperplasia, negative cervical cytology and endometrial tissue sampling/biopsy demonstrating lack of cancer or endometrial hyperplasia</td>
</tr>
<tr>
<td>• The device is approved for this procedure by the U.S. Food and Drug Administration (FDA)</td>
</tr>
<tr>
<td>• The patient has failed to respond to more conservative therapies (eg, medical therapy including treatment with hormones, medications or dilatation and curettage)</td>
</tr>
</tbody>
</table>

**Note:** See Related Information below for Limitations

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>CPT</strong></td>
<td></td>
</tr>
<tr>
<td>58353</td>
<td>Endometrial ablation, without hysteroscopic guidance</td>
</tr>
<tr>
<td>58356</td>
<td>Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed</td>
</tr>
<tr>
<td>58563</td>
<td>Hysteroscopy, surgical, with endometrial ablation</td>
</tr>
</tbody>
</table>

**ICD-10 Codes Covered if Selection Criteria are Met:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D25.0-D25.9</td>
<td>Leiomyoma of uterus</td>
</tr>
<tr>
<td>N92.0-N92.6</td>
<td>Excessive, frequent, and irregular menstruation</td>
</tr>
<tr>
<td>N93.0-N93.8</td>
<td>Abnormal uterine and vaginal bleeding</td>
</tr>
</tbody>
</table>

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Related Information

Limitations

- If the patient has been diagnosed with menorrhagia or excessive bleeding in the context of submucosal myomata, the size should be less than 3 cm in diameter.
- Pathology test results must be performed within one year in order to meet criteria.

Evidence Review

Background

The American College of Obstetricians and Gynecologists (ACOG) 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).

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) 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 is when 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 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.

**Regulatory Status**

The following devices have been approved by the U. S. 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)

TheraChoice device for thermal balloon endometrial ablation (TBEA) and the HydroThermAblator device for hydrothermal endometrial ablation (HTEA) have been approved by the FDA.

**References**


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>09/16/19</td>
<td>New policy, approved August 13, 2019, effective January 1, 2020. Endometrial ablation may be considered medically necessary when the patient meets all of the criteria outlined in this policy.</td>
</tr>
<tr>
<td>08/01/20</td>
<td>Annual Review, approved July 2, 2020. No changes to policy statement.</td>
</tr>
</tbody>
</table>

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  • Information written in other languages

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Email AppealsDepartmentInquiries@Premera.com

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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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