Medical Policy
Endometrial Ablation

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Policy Number: 331
BCBSA Reference Number: 4.01.04

Related Policies
• None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Endometrial ablation, with or without hysteroscopic guidance, using an FDA-approved device may be considered MEDICALLY NECESSARY in women with menorrhagia who are not candidates for, or who are unresponsive to, hormone therapy and would otherwise be considered candidates for hysterectomy.

Endometrial ablation is INVESTIGATIONAL for all other indications.

Intrauterine ablation or resection of the endometrium should not be confused with laparoscopic laser ablation of intraperitoneal endometriosis. This policy does not address laparoscopic intraperitoneal ablation.

Contraindications for intrauterine ablation or resection of the endometrium include:
• Patient who is pregnant or desires pregnancy
• History of endometrial cancer or precancerous histology
• Patient with an active genital or urinary tract infection at the time of the procedure
• Patient with active pelvic inflammatory disease
• Patient with an intrauterine device currently in place
• Patient with any anatomic or pathologic condition in which weakness of the myometrium could exist, such as history of previous classical cesarean sections or transmural myomectomy.

Other contraindications for microwave ablation include myometrial thickness less than 10 mm, and uterine sounding length less than 6 cm.

In February 2013, FDA downgraded its contraindication of NovaSure for women with Essure® contraceptive micro-inserts to a warning. The warning states that a health hazard may exist when a
NovaSure procedure is performed in women with improperly positioned Essure® microinserts. To verify proper placement, a report of the Essure Confirmation Test should be obtained prior to performing the NovaSure procedure. The labeling change also includes the requirement for a postapproval study. (1)

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
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<tr>
<td>Medicare HMO Blue℠</td>
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<td>Medicare PPO Blue℠</td>
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CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>58353</td>
<td>Endometrial ablation, without hysteroscopic guidance</td>
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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 (e.g., endometrial resection, electrosurgical ablation, thermoablation)</td>
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ICD-9 Procedure Codes

<table>
<thead>
<tr>
<th>ICD-9 procedure codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>68.23</td>
<td>Endometrial ablation</td>
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ICD-9-CM Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>626.2</td>
<td>Excessive or frequent menstruation (menorrhagia)</td>
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<tr>
<td>627.0</td>
<td>Premenopausal menorrhagia</td>
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Description
Endometrial ablation is a potential alternative to hysterectomy for menorrhagia. A variety of approaches are available; these are generally classified into hysteroscopic techniques (eg, Nd-YAG laser, electrosurgical rollerball) and nonhysteroscopic techniques (eg, cryosurgical, radiofrequency [RF] ablation).
**Background**

Ablation or destruction of the endometrium is used to treat menorrhagia in women who failed standard therapy. It is considered a less invasive alternative to hysterectomy; however, as with hysterectomy, the procedure is not recommended for women who wish to preserve their fertility.

Multiple energy sources have been used. These include: Nd-YAG laser, a resecting loop using electric current, electric rollerball, and thermal ablation devices. Endometrial ablation is typically preceded by hormonal treatment to thin the endometrium.

Techniques for endometrial ablation are generally divided into 2 categories: those that do and do not require hysteroscopic procedures. (Other terminology for these categories of techniques include first-generation versus second-generation procedures and resectoscopic versus nonresectoscopic endometrial ablation methods). Hysteroscopic techniques were developed first; the initial technique was photovaporization of the endometrium using an Nd-YAG laser, and this was followed by electrosurgical ablation using an electrical rollerball or electrical wire loop. (The latter technique is also known as transcervical resection of the endometrium). Hydrothermal ablation also involves hysteroscopy. Hysteroscopic techniques require skilled surgeons and, due to the requirement for cervical dilation, use of general or regional anesthesia. In addition, the need for the instillation of hypotonic distension media creates a risk of pulmonary edema and hyponatremia such that very accurate monitoring of fluids is required.

Nonhysteroscopic techniques can be performed without general anesthesia and do not involve use of a fluid distention medium. Techniques include thermal fluid-filled balloon, cryosurgical endometrial ablation, instillation of heated saline, and RF ablation.

There are concerns about maternal and fetal morbidity and mortality associated with pregnancy after endometrial ablation. Thus, U.S. Food and Drug Administration (FDA) approval of endometrial ablation devices includes only women for whom childbearing is complete.

**Summary**

There is evidence from multiple randomized controlled trials that endometrial ablation improves the net health outcome in women who have failed prior treatment for menorrhagia and are otherwise eligible for hysterectomy. Moreover, meta-analyses of randomized controlled trials suggest similar benefits with first-generation (hysteroscopic) techniques and second-generation (mainly nonhysteroscopic) techniques. There is a lack of consistent evidence that any 1 ablation technique is superior to another. Thus, endometrial ablation using a Food and Drug Administration–approved device may be considered medically necessary in women with menorrhagia who have failed hormonal treatment and would be considered candidates for hysterectomy.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>10/2014</td>
<td>Policy statements aligned with BCBSA National medical policy.</td>
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| 12/2010 | o Removed coverage statements and coding information for robotic-assisted myomectomy  
|         | o Removed endometrial ablation coverage statement as follows: endometrial sampling prior to the ablation has excluded cancer, pre-cancer, or structural abnormalities that require surgery  
|         | o Added endometrial ablation coverage statement: women who otherwise are considered a candidate for hysterectomy  
|         | o Removed endometrial ablation coverage exclusion: enlarged uterus (greater than 10 cm or equivalent to 12 weeks gestation) |
Excluded coverage of endometrial ablation when the patient has one of the following situations (a.-g.): a. an active genital or urinary tract infection at the time of the procedure, b. active pelvic inflammatory disease, c. an intrauterine device currently in place, d. any anatomic or pathologic condition in which weakness of the myometrium could exist, such as history of previous classical cesarean section or transmural myomectomy, e. Essure contraceptive micro-inserts in place, f. myometrial thickness less than 10mm and g. uterine sounding length less than 6 cm. All updates effective 12/1/10.

<table>
<thead>
<tr>
<th>Date</th>
<th>Update Description</th>
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<tr>
<td>7/2010</td>
<td>Language related to occlusion of uterine arteries using transcatheter embolization and laparoscopic occlusion to treat uterine arteries transferred to Medical Policy # 242, Occlusion of Uterine Arteries Using Transcatheter Embolization.</td>
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<tr>
<td>7/2010</td>
<td>Language related to laparoscopic and percutaneous techniques for the myolysis of uterine fibroids transferred to Medical Policy #244, Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids.</td>
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<tr>
<td>7/2010</td>
<td>Language related to MRI-guided focused ultrasound for the treatment of uterine fibroids and other tumors transferred to Medical Policy #243, MRI-Guided Focused Ultrasound - MRgFUS.</td>
</tr>
<tr>
<td>6/2010</td>
<td>Clarified coverage criteria for endometrial ablation.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**

2. Blue Cross Blue Shield Association Technology Evaluation Center (TEC). Intrauterine ablation or resection of the endometrium for menorrhagia. TEC Evaluations 1991; Volume 6, 296..
10. Brown J, Blank K. Minimally invasive endometrial ablation device complications and use outside of
11. Dood RL, Gracia CR, Sammel MD et al. Endometrial Cancer After Endometrial Ablation vs Medical
12. Sponsored by the Mayo Clinic and Hologic. Medical Therapy Versus Radiofrequency Endometrial
Ablation in the Initial Treatment of Menorrhagia (iTOM) (NCT01165307). Available online at:
13. Herman MC, van den Brink MJ, Geomini PM et al. Levonorgestrel releasing intrauterine system
(Mirena) versus endometrial ablation (Novasure) in women with heavy menstrual bleeding: a
Practice Bulletin No. 81. 2007. Available online at:
guideline 44. 2007. Available online at: www.nice.org.uk/nicemedia/pdf/CG44NICEGuideline.pdf. Last