Clinical Policy: Endometrial Ablation
Reference Number: PA.CP.MP.106
Effective Date: 05/18
Last Review Date: 04/18

Description
This policy describes the medical necessity guidelines for an endometrial ablation. Endometrial ablation is a minimally invasive surgical procedure used to treat premenopausal abnormal uterine bleeding. Although this procedure preserves the uterus, endometrial ablation is indicated for those who have no desire for future fertility. The two major classifications of endometrial ablation procedures are first generation resectoscopic techniques and second generation non-resectoscopic methods. Quality of life may improve following endometrial ablation procedures.

Policy/Criteria
I. It is the policy of PA Health & Wellness that endometrial ablation using an FDA approved device is **medically necessary** when all the following criteria are met:
   A. One of the following indications:
      1. Menorrhagia unresponsive to at least 3 months of hormonal or medical therapy (unless contraindicated to such therapy); or
      2. To stop residual menstrual bleeding after at least 6 months of androgen therapy in a female to male transgender person who meets the gender dysphoria and eligibility criteria in CP.MP.95 Gender Reassignment Surgery policy;
   B. Cervical cytology and gynecological exam excludes significant cervical disease;
   C. No structural anomalies, such as fibroids or polyps that require surgery or represent a contraindication to an ablation procedure, such as classical cesarean incision resulting in a weakened myometrium;
   D. Endometrial sampling prior to the procedure has excluded malignancy or hyperplasia;
   E. If anatomic or pathologic conditions exist that may result in a weakened myometrium, only a resectoscopic endometrial ablation is appropriate;
   F. Does not have any of the following contraindications:
      1. Premenopausal with future desire for fertility;
      2. Untreated disorders of hemostasis;
      3. Pregnancy at time of procedure;
      4. Intrauterine device at time of procedure;
      5. Active pelvic infection.

II. It is the policy of PA Health & Wellness that endometrial ablation is **experimental/investigational** as follows:
   A. Photodynamic endometrial ablation procedures;
   B. For the treatment of all other conditions than those specified above.

Background
Menstrual disorders are among the most prevalent gynecological health problems in the United States, and abnormal menstrual bleeding affects up to 30% of people at some time during their reproductive years. Endometrial ablation is a minimally invasive surgical procedure used to treat premenopausal, abnormal uterine bleeding.
Endometrial ablation can also be used to treat residual menstrual bleeding in transgender men. Generally, masculinizing hormones cause cessation of menses within 2 – 6 months of initiation. Addition of a progestational agent or endometrial ablation may be considered for those wishing to completely cease menses.

Endometrial ablation encompasses several techniques of targeted destruction of the endothelial surface of the uterine cavity through a vast array of energy sources. While hysterectomies provide permanent relief from abnormal uterine bleeding, they are also associated with longer recovery times, higher rates of postoperative complications, substantial convalescent time and morbidity.\(^9\,10\) Although endometrial ablation has a high success rate, there are specific cases of endometrial ablation failures in which the patient will return for repeat care, often for a hysterectomy.\(^10\) Among patients who return for hysterectomy after failure of endometrial ablation, endometriosis is the most common contributing diagnosis.\(^21\)

Pregnancy following endometrial ablation can occur, and premenopausal patients should be counseled that an appropriate contraception method should be used.\(^1\) However endometrial ablation is predominately indicated for patients who have no desire for future fertility.\(^1\) Postoperative complications from endometrial ablation include: (1) pregnancy after endometrial ablation; (2) pain-related to obstructed menses (hematomata, post ablation tubal sterilization syndrome); (3) failure to control menses; (4) risk from preexisting conditions (endometrial neoplasia, cesarean section; and (5) infection.\(^14\)

**Table 1: FDA-Approved Techniques Approved For Endometrial Ablation**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>System(^1,2)</th>
<th>Device Size(^1) (mm)</th>
<th>Treatment Time(^3) (min)</th>
<th>Amenorrheic Rate(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resectoscopic Ablation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser Vaporization</td>
<td></td>
<td></td>
<td></td>
<td>37%</td>
</tr>
<tr>
<td>Electrosurgical Rollerball</td>
<td></td>
<td></td>
<td></td>
<td>25-60%</td>
</tr>
<tr>
<td>Transcervical resection of endometrium</td>
<td></td>
<td></td>
<td></td>
<td>26-40%</td>
</tr>
<tr>
<td>Radiofrequency Vaporization</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Non-Resectoscopic Ablation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryotherapy</td>
<td>Her Option</td>
<td>4.5</td>
<td>10–18</td>
<td>53%</td>
</tr>
<tr>
<td>Heated Free Fluid</td>
<td>Hydro ThermAblator</td>
<td>7.8</td>
<td>~ 14 *</td>
<td>71%</td>
</tr>
<tr>
<td>Microwave</td>
<td></td>
<td>8.5</td>
<td>2.5–4.5</td>
<td>61%</td>
</tr>
<tr>
<td>Radiofrequency Electricity</td>
<td>NovaSure</td>
<td>7.2</td>
<td>1.5</td>
<td>41%</td>
</tr>
</tbody>
</table>

\(^*3\) minutes to heat the fluid to 90°C, 10 minutes to maintain that temperature to ablate the endometrium, and approximately 1 minute for the fluid to cool down allowing the device to be removed.

**Coding Implications**

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guarantee coverage. Providers should reference the most up-to-date sources of professional
coding guidance prior to the submission of claims for reimbursement of covered services.

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>58353</td>
<td>Endometrial ablation, thermal, 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 (eg, endometrial resection, electrosurgical ablation, thermoablation)</td>
</tr>
</tbody>
</table>

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N92.0</td>
<td>Excessive and frequent menstruation with regular cycle</td>
</tr>
<tr>
<td>N92.1</td>
<td>Excessive and frequent menstruation with irregular cycle</td>
</tr>
<tr>
<td>N92.4</td>
<td>Excessive bleeding in the premenopausal period</td>
</tr>
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Reviews, Revisions, and Approvals

<table>
<thead>
<tr>
<th>Date</th>
<th>Approval Date</th>
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<tbody>
<tr>
<td>04/18</td>
<td>06/18</td>
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References
3. Sharp HT.. Endometrial ablation or resection: Resectoscopic techniques. In: UpToDate, Falk SJ (Ed), UpToDate, Waltham, MA. (Accessed on November 23, 2015.)
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