Clinical Policy: Endometrial Ablation

Reference Number: CP.MP.106 Revision Log
Date of Last Revision: 07/21 Coding Implications

See Important Reminder at the end of this policy for important regulatory and legal information.

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 health plans affiliated with Centene Corporation® 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);
  2. Abnormal uterine bleeding, including residual menstrual bleeding after at least 6 months of androgen therapy in a female to male transgender person;
- **B.** Cervical cytology and gynecological exam excludes significant cervical disease;
- **C.** Endometrial sampling prior to the procedure has excluded malignancy or hyperplasia;
- **D.** No structural anomalies, such as fibroids or polyps that require surgery or represent a contraindication to an ablation procedure, or previous transmyometrial uterine surgery (including classical cesarean);
- **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 health plans affiliated with Centene Corporation that there is insufficient scientific evidence to support effectiveness for the following:
- **A.** Photodynamic endometrial ablation procedures;
- **B.** Endometrial ablation 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.[5] 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 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] Endometrial ablation is predominately indicated for patients who have no desire for future fertility.[1] Post-operative complications from endometrial ablation include: (1) pregnancy after endometrial ablation; (2) pain-related to obstructed menses (hematometra, post ablation tubal sterilization syndrome); (3) failure to control menses; (4) risk from preexisting conditions (endometrial neoplasia, cesarean section; and (5) infection.[14] Uterine perforation has been reported in 0.3 percent of non-resectoscopic endometrial ablation procedures and 1.3 percent of resectoscopic ablations or resections.[22]

Table 1: FDA-Approved Techniques Approved For Endometrial Ablation

Procedure[1,2,3]	System[1,2,13]	Device Size[1] (mm)	Treatment Time[1,13] (min)	Amenorrhea Rate[2]
Resectoscopic Ablation				
Laser Vaporization				37%
Electrosurgical Rollerball				25-60%
Transcervical resection of endometrium				26-40%
Radiofrequency Vaporization				N/A
Non-Resectoscopic Ablation				
Cryotherapy	Her Option	4.5	10–18	53%
Heated Free Fluid	Hydro ThermAblator	7.8	~ 14 *	71%
Microwave (no longer available in U.S.)		8.5	2.5–4.5	61%
Vapor ablation	Mara		2.0	
Radiofrequency Electricity	NovaSure	7.2	1.5	41%
Thermal Balloon	ThermaChoice	5.5	8.0	
Combined thermal and bipolar radiofrequency ablation device	Minerva		2.0	

Procedure[1,2,3]	System[1,2,13]	Device Size[1] (mm)	Treatment Time[1,13](min)	Amenorrhea Rate[2]

* 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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CPT® Codes	Description
58353	Endometrial ablation, thermal, without hysteroscopic guidance
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.4	Excessive bleeding in the premenopausal period
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N93.8	Other specified abnormal uterine and vaginal bleeding
N93.9	Abnormal uterine and vaginal bleeding, unspecified

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed, reviewed by specialist	12/15	01/16
Language clarifications d/t confusion in criteria, no specific criteria change: I.C clarified that structural anomalies be limited to those requiring surgery or are otherwise a contraindication to EA I.E language clarified I.F removed anatomic or pathologic conditions affecting the myometrium as this is similar to I.C. I.F.2 added “untreated” for disorders of hemostasis	06/16	
Changed active pelvic inflammatory disease to active pelvic infection	08/16	9/16

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Removed postmenopausal women from contraindications as this is a relative, not absolute, contraindication.		
Added indication for residual menstrual bleeding in female to male transgender persons after androgen therapy, no codes added as ICD-10 codes would still be applicable for new indication.	09/16	10/16
References reviewed and updated	08/17	09/17
Added "previous transmyometrial uterine surgery" in I.D. References reviewed and updated.	06/18	07/18
Added additional FDA approved devices (i.e., Mara, Minerva) to table 1. References reviewed and updated. Specialist review.	06/19	07/19
Added "abnormal uterine bleeding" as an indication and combined this with the residual menstrual bleeding after androgen therapy in a female to male transgender person indication. Removed reference to criteria in CP.MP.95 Gender Affirming Procedures. Added the following codes as medically necessary: N92.5, N92.6, N93.8, N93.9.	10/19	11/19
References reviewed and updated.	07/20	07/20
Annual review completed. References reviewed and updated and reformatted for AMA style. Changed "members" to "members/enrollees." Removed "experimental and investigation" from II, changing to "insufficient evidence." Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date." Specialty review completed. Added ThermaChoice to Table 1 per UpToDate reference "3".	07/21	07/21

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Important reminder

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