Clinical Policy: Endometrial Ablation

Reference Number: LA.CP.MP.106 Revision Log
Date of Last Revision: 10/22 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 preserve the uterus, endometrial ablation is indicated for those who have no desire for future fertility. [12] 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 Louisiana Healthcare Connections 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 member/enrollee with a female reproductive system undergoing treatment for gender affirmation;
- **B.** Cervical cytology or HPV testing 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 transmural surgery or represent a contraindication to an ablation procedure;
- **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.
  6. Previous classical cesarean or other transmural surgery

II. It is the policy of Louisiana Healthcare Connections that there isinsufficient 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. Traditionally, medication therapy has been the initial treatment of choice,

followed by hysterectomy, when medication does not provide the desired outcome. The levonorgestrel (LNG)-releasing intrauterine device (e.g., Mirena or Liletta; referred to as LNG 52) is an option in patients who do not desire pregnancy. Both the LNG 52 IUD and endometrial ablation are effective in reducing menstrual blood loss. The decision to use the LNG 52 or endometrial ablation depends on a patient's preferences regarding treatment factors, such as plans for fertility and contraception, convenience, and risks of anesthesia.[22,25] Endometrial ablation can offer an alternative to the more invasive hysterectomy treatment option.[10] 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. [24] Generally, masculinizing hormones cause cessation of menses within 2 – 6 months of initiation. [18] The addition of a progestational agent or endometrial ablation may be considered for those wishing to completely cease menses. [18]

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%

Procedure[1,2,3]	System[1,2,13]	Device Size[1] (mm)	Treatment Time[1,13](min)	Amenorrhea Rate[2]
Vapor ablation Radiofrequency Electricity	Mara NovaSure	 7.2	2.0 1.5	 41%
Thermal Balloon	ThermaChoice	5.5	8.0	
Combined thermal and bipolar radiofrequency ablation device	Minerva		2.0	

* 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
Converted corporate to local policy.	08/15/2020	
Annual review completed. References reviewed and updated and reformatted for AMA style. Changed “members/enrollees” to “members/enrollees/.” Removed “experimental and investigation”	1/2022	

Reviews, Revisions, and Approvals	Revision Date	Approval Date
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".		
Annual review completed. Added "or HPV testing" to I.B. References reviewed and updated. Background updated with no impact to criteria. Added "and may not support medical necessity" to coding implication section.	5/22	
Changed criteria I.D. from "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)" to "no structural anomalies, such as fibroids or polyps that require transmural surgery or represent a contraindication to an ablation procedure." Added contraindication criteria I.F.6. "Previous classical cesarean or other transmural surgery." In I.A.2, reworded portion pertaining to abnormal bleeding in transgender members from "female to male transgender person" to "member/enrollee with a female reproductive system undergoing treatment for gender affirmation."	10/22	1/14/23

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Important reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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