EFFECTIVE DATE: 10|01|2015
POLICY LAST REVIEWED: 01|07|2026

OVERVIEW
Endometrial ablation is a potential alternative to hysterectomy for treatment of abnormal uterine bleeding. When considering treatment, 2 techniques present themselves: the hysteroscopic technique (eg, Nd-YAG laser, electrosurgical rollerball) and the nonhysteroscopic techniques (eg, cryosurgical, radiofrequency ablation).

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans and Commercial Products
Endometrial ablation, with or without hysteroscopic guidance, using a U.S. Food and Drug Administration (FDA)-approved device may be considered medically necessary in women with abnormal uterine bleeding who are not candidates for, or who are unresponsive to, hormone therapy and would otherwise be considered candidates for hysterectomy.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND
Ablation or destruction of the endometrium is used to treat abnormal uterine bleeding 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 require hysteroscopic procedures and those that do not (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 photo-vaporization 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, which requires very accurate fluid monitoring.

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

There are concerns about morbidity and mortality for both the mother and the fetus when becoming pregnant after endometrial ablation. Thus, the Food and Drug Administration approval of endometrial ablation devices includes only women for whom childbearing is complete.

For individuals who have abnormal uterine bleeding and have failed hormonal therapy who receive endometrial ablation, the evidence includes randomized controlled trials (RCTs) and systematic reviews. Relevant outcomes are symptoms, quality of life, resource utilization, and treatment-related morbidity. RCTs and systematic reviews of RCT data have found that hysterectomy provided greater symptom relief and fewer reoperations than endometrial ablation, but that endometrial ablation resulted in a reasonable level of symptom control and the procedure has some advantages over hysterectomy (eg, women retain their uterus and avoid a more invasive procedure). A meta-analysis of RCTs has suggested similar benefits with first-generation (hysteroscopic) techniques and second-generation (mainly nonhysteroscopic) techniques. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

CODING

Medicare Advantage Plans and Commercial Products

The following CPT code(s) are considered medically necessary when filed with one of the covered ICD-10 Diagnosis Codes* codes listed below:

58353 Endometrial ablation, thermal, without hysteroscopic guidance.
58356 Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58563 Hysteroscopy, surgical with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)

*ICD-10 Diagnosis Code(s):
N92.0-N92.6
N93.8
N93.9

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, March 2026
Provider Update, March 2025
Provider Update, April 2024
Provider Update, April 2023
Provider Update, June 2022

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