EFFECTIVE DATE: 10|01|2015
POLICY LAST UPDATED: 06|10|2015

OVERVIEW
Endometrial ablation is a potential alternative to hysterectomy for menorrhagia. A variety of approaches are available; these are generally classified into hysteroscopic techniques (e.g., Nd-YAG laser, electrosurgical rollerball) and nonhysteroscopic techniques (e.g., cryosurgical, radiofrequency [RF] ablation).

PRIOR AUTHORIZATION
Prior authorization is not required.

POLICY STATEMENT
BlueCHiP for Medicare 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 menorrhagia who are not candidates for, or who are unresponsive to, hormone therapy and would otherwise be considered candidates for hysterectomy.

MEDICAL CRITERIA
None

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 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 photovaporization of the endometrium using an Nd-YAG laser. 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, FDA approval of endometrial ablation devices includes only women for whom childbearing is complete.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage for the applicable surgery benefits.

CODING

BlueCHiP for Medicare and Commercial Products

The following CPT codes are covered when billed with one of the ICD 10 codes listed below:
58353:
58356:
58563:

ICD-10
N92.0
N92.4

RELATED POLICIES

None

PUBLISHED

Provider Update, August 2015

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