



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

REFERENCES

1. Novasure. Letter to physicians (untitled). Available online at: <http://www.novasure.com/pdf/hcp/Essure%20Contraindication%20Downgrade%20Letter%20to%20Physicians.pdf>. Last accessed May, 2014.
2. Blue Cross Blue Shield Association Technology Evaluation Center (TEC). Intrauterine ablation or resection of the endometrium for menorrhagia. TEC Evaluations 1991; Volume 6, 296..
3. Matteson KA, Abed H, Wheeler TL, 2nd et al. A systematic review comparing hysterectomy with lessinvasive treatments for abnormal uterine bleeding. J Minim Invasive Gynecol 2012; 19(1):13-28.
4. Bhattacharya S, Middleton LJ, Tsourapas A et al. Hysterectomy, endometrial ablation and Mirena(R) for heavy menstrual bleeding: a systematic review of clinical effectiveness and cost-effectiveness analysis. Health Technol Assess 2011; 15(19):iii-xvi, 1-252.
5. Lethaby A, Penninx J, Hickey M et al. Endometrial resection and ablation techniques for heavy menstrual bleeding. Cochrane Database Syst Rev 2013; 8:CD001501.
6. Daniels JP, Middleton LJ, Champaneria R et al. Second generation endometrial ablation techniques for heavy menstrual bleeding: network meta-analysis. BMJ 2012; 344:e2564.
7. Sambrook A, Elders A, Cooper K. Microwave endometrial ablation versus thermal balloon endometrial ablation (MEATBall): 5-year follow up of a randomised controlled trial. BJOG 2014; 121(6):747- 53.
8. Herman MC, Penninx JP, Mol BW et al. Ten-year follow-up of a randomised controlled trial comparing bipolar endometrial ablation with balloon ablation for heavy menstrual bleeding. BJOG 2013; 120(8):966-70.
9. Iglesias DA, Madani Sims S, Davis JD. The effectiveness of endometrial ablation with the Hydro ThermAblator (HTA) for abnormal uterine bleeding. Am J Obstet Gynecol 2010; 202(6):622 e1-6.
10. Brown J, Blank K. Minimally invasive endometrial ablation device complications and use outside of the manufacturers' instructions. Obstet Gynecol 2012; 120(4):865-70.

11. Dood RL, Gracia CR, Sammel MD et al. Endometrial Cancer After Endometrial Ablation vs Medical Management of Abnormal Uterine Bleeding. J Minim Invasive Gynecol 2014.

12. Sponsored by the Mayo Clinic and Hologic. Medical Therapy Versus Radiofrequency Endometrial Ablation in the Initial Treatment of Menorrhagia (iTOM) (NCT01165307). Available online at: www.clinicaltrials.gov. Last accessed May, 2014.

13. Herman MC, van den Brink MJ, Geomini PM et al. Levonorgestrel releasing intrauterine system (Mirena) versus endometrial ablation (Novasure) in women with heavy menstrual bleeding: a multicentre randomised controlled trial. BMC Womens Health 2013; 13(1):32.

14. Wheeler TL, 2nd, Murphy M, Rogers RG et al. Clinical practice guideline for abnormal uterine bleeding: hysterectomy versus alternative therapy. J Minim Invasive Gynecol 2012; 19(1):81-8.

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

