Medical Policy

Endometrial Ablation

Policy Number: PG0388
Last Reviewed Date: 03/01/2025
Last Revised: 03/01/2025

PARAMOUNT

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

X Professional
X Facility

DESCRIPTION:

Endometrial ablation is a surgical procedure utilized for the treatment of menorrhagia (prolonged, excessive uterine bleeding or heavy menstrual bleeding) that is refractory to conventional medical therapy, such as hormonal therapy and/or dilation and curettage. The procedure involves removal or destruction of uterine endometrial lining by electrosurgery, cryoablation, radiofrequency ablation, microwave ablation, or thermal ablation, aiming to reduce or eliminate menstrual blood loss. Endometrial ablation may be performed as an alternative to hysterectomy when other medical causes for menorrhagia, such as cancer or fibroids, have been excluded.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **Procedure 58563 – *Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermosablation),* does require prior authorization.**
- **Procedures 58353 - *Endometrial ablation, thermal, without hysteroscopic guidance and 58356 - Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed*, does not require a prior authorization when the coverage criteria documented below is met supporting one of the following diagnoses – D25.0, D25.1, D25.2, D25.9, F64.1-F64.9, N92.0, N92.1, N92.2, N92.3, N92.4, N92.5, N92.6, N93.8, N93.9.**
- **Photodynamic endometrial ablation is non-covered for all product lines.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Paramount considers endometrial ablation (CPT Codes 58353, 58356, 58563) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Premenopausal; and
- No longer desires fertility; and
- History of excessive uterine bleeding determined by at least one of the following:
  - Profuse bleeding or repetitive periods; or
  - Anemia due to uterine blood loss; and

- Physical examination and either sonohysterogram or hysteroscopy within the past 12 months that fails to identify cervical or other uterine pathology that would explain abnormal uterine bleeding; and
- Endometrial sampling biopsy within the past 12 months that excludes cancer, pre-cancer or structural abnormalities (e.g., polyps, fibroids) that would require surgery; and
- Uterine cavity length ≤12 cm; and
- Other conditions that may be associated with excessive bleeding (e.g., coagulopathy, hypothyroidism, hyperthyroidism, medication) have been excluded; and
- Failure of, intolerance to or unable to receive >3 months hormonal therapy; and
- Performed by one of the following techniques:
    - Thermal balloon endometrial ablation; or
    - Hydrothermal endometrial ablation; or
    - Radiofrequency endometrial ablation; or
    - Cryoablation; or
    - Electrosurgical ablation (e.g., electric rollerball, resecting loop with electric current); or
    - Microwave endometrial ablation.

NOTE: Endometrial ablation is considered medically necessary for residual menstrual bleeding after androgen treatment.

Endometrial ablation is considered investigational and not eligible for reimbursement for any indication other than those listed above.

Photodynamic endometrial ablation: Based upon our findings, Paramount has determined photodynamic endometrial ablation has not demonstrated equivalence or superiority to currently accepted standard means of treatment. Paramount considers photodynamic endometrial ablation (CPT Code 58999†) investigational and not eligible for reimbursement.

†When unlisted procedure, female genital system non-obstetrical (58999) is determined to be photodynamic endometrial ablation.

Benefits for investigational services are subject to each specific benefit plan.

Documentation Requirements:
Paramount reserves the right to request additional documentation as part of its coverage determination process. Paramount may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to Paramount. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. Paramount also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, Paramount reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Radiofrequency endometrial ablation (58353, 58563) is considered experimental/investigational when performed at the same time as hysteroscopic sterilization (58565), as ablation has been shown to decrease the success rate of sterilization.

CODING/BILLING INFORMATION:
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
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-CM CODES	
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified
F64.1-F64.9	Gender identity disorders [to stop residual menstrual bleeding after androgen treatment]
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.2	Excessive menstruation at puberty
N92.3	Ovulation bleeding
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

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 03/14/2017

Date	Explanation & Changes
03/14/17	• Policy created to reflect most current clinical evidence per Medical Policy Steering Committee
10/01/19	• Policy updated to establish prior authorization criteria for procedure 58563
12/01/19	• Medical Policy revised to include the Elite Product requiring a prior authorization as of 1/1/2020
09/10/20	• Corrected a mistype. In the green box above, under the Elite Product line, documentation corrected “Procedures ~~58563~~ 58353 and 58356 do not require a prior authorization when the coverage criteria documented below is met.”
12/28/2020	• Medical policy placed on the new Paramount Medical policy format
03/17/2021	• Policy updated to clarify coverage criteria to include listed diagnosis • Removed procedures 58100-58146, 58558, and 58565 as they are not addressed within the medical policy coverage • Added diagnosis D25.0, D25.1, D25.2, D25.9, N92.2, N92.3, N93.8, N93.9 for medical necessity coverage of procedures 58353 and 58356.
03/01/2023	• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
04/01/2024	• Medical Policy reviewed and updated to reflect the most current clinical evidence • No changes to coverage
03/01/2025	• Medical Policy reviewed and updated to reflect the most current clinical evidence

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to https://www.paramounthealthcare.com/providers/medical-policies/policy-library

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services https://www.ama-assn.org/amaone/cpt-current-procedural-terminology

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting https://www.cms.gov/medicare/coding/icd10

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits
U.S. Preventive Services Task Force, https://www.uspreventiveservicestaskforce.org/uspstf/

Hayes, Inc., https://www.hayesinc.com/

Industry Standard Review

ADDITIONAL SOURCES OF INFORMATION

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- Sharp HT. (2022, October 17). Endometrial ablation: Non-resectoscopic techniques. In: UpToDate, Falcone T (Ed), Waltham, MA. Available at: https://www.uptodate.com/contents/endometrial-ablation-non-resectoscopic-techniques. Accessed January 6, 2025.
- Sharp HT. (2022, November 08). Endometrial ablation: Endometrial ablation or resection: Resectoscopic techniques. In: UpToDate, Falcone T (Ed), Waltham, MA. Available at: https://www.uptodate.com/contents/endometrial-ablation-or-resection-resectoscopic-techniques. Accessed January 6, 2025.