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SHP Endometrial Ablation

AUTH: SHP Surgical 15 v5 (AC)

MCG Health
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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Endometrial Ablation is the surgical destruction of the innermost uterine lining called the endometrium using electrical, thermal or laser energy.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of endometrial ablation for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Endometrial ablation is considered medically necessary with **1 or more** of the following:
 - Individual with indications of **ALL** of the following:
 - Diagnosis of **1 or more** of the following
 - Heavy menstrual bleeding (HMB)
 - Chronic menorrhagia
 - Recurrent abnormal uterine bleeding
 - Menorrhagia unresponsive to/or with contraindication to **1 or more** of the following:
 - Failure of hormonal treatment
 - Intolerance to hormonal treatment
 - Contraindication to hormonal treatment
 - Refusal to take hormonal treatment
 - Endometrial sampling or D&C has been performed within the year prior to the procedure or is being planned at the time of procedure
 - Pap smear and gynecologic examination prior to the procedure have excluded significant cervical disease and infection
 - Individual no longer desires future fertility
 - For individual with residual menstrual bleeding after androgen treatment in an individual with confirmed gender dysphoria and/or undergoing female to male hormonal gender reassignment therapy

Document History

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- Revised Dates:
 - 2023: February

- 2022: August
- 2021: February
- 2020: March
- 2019: November
- 2015: July, August
- 2013: August
- 2012: August
- 2008: August
- 2003: January
- 2001: July
- 1998: December
- 1994: February
- Reviewed Dates:
 - 2022: February
 - 2018: April, November
 - 2017: January
 - 2016: June
 - 2014: August
 - 2011: August
 - 2010: August
 - 2009: August
 - 2007: August, September
 - 2005: February, November
 - 2004: April, July
 - 2003: October, November
 - 2002: October
 - 2000: July, December
 - 1999: July, December
 - 1996: August
- Effective Date: February 1992

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 58353 - Endometrial ablation, thermal, without hysteroscopic guidance
 - CPT 58356 - Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
 - CPT 58563 - Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation).
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022). Retrieved Dec 12, 2022, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2022). Retrieved Dec 12, 2022, from AIM Specialty Health: <https://aimspecialtyhealth.com/resources/clinical-guidelines/>

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ENDOMETRIAL ABLATION. (2022). Retrieved Dec 12, 2022, from HAYES: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522ENDOMETRIAL%2520ABLATION%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sourc>

Endometrial ablation in the office setting. (2022, Nov 4). Retrieved Dec 12, 2022, from Contemporary OB/GYN Journal: <https://www.contemporaryobgyn.net/view/endometrial-ablation-in-the-office-setting>

Overview of endometrial ablation. (2022, Nov 28). Retrieved Dec 12, 2022, from UpToDate: https://www.uptodate.com/contents/overview-of-endometrial-ablation?search=Endometrial%20cryoablation&source=search_result&selectedTitle=2~18&usage_type=default&display_rank=2

Palmetto - Billing and Coding: ENDOMETRIAL Hyperplasia Treatment - A53043. (2022). Retrieved Dec 12, 2022, from CMS.gov: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53043&ver=11&keyword=Endometrial%20ablation&keywordType=any&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Codes

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