

MP.089.MPC Endometrial Ablation

Maryland Physicians Care considers **Endometrial Ablation** as medically necessary when the member meets all of the following criteria ⁽¹⁾:

- a) The member is premenopausal with a normal endometrial cavity by ultrasound evaluation and has been diagnosed with menorrhagia or has patient-perceived heavy menstrual bleeding interfering with normal activities of daily life
- b) The member is not pregnant and has no desire for future fertility,
- c) The member has tested negative for uterine cancer and endometrial hyperplasia, negative cervical cytology and endometrial tissue sampling/biopsy demonstrating lack of cancer or endometrial hyperplasia ⁽⁴⁾
- d) The device is FDA approved for this procedure,
- e) The member has failed to respond to more conservative therapies (e.g., medical therapy including treatment with hormones, medications).

Limitation ^(1,4)

- If the member has been diagnosed with menorrhagia or excessive bleeding in the context of submucosal myomata, the size should be less than 3 cm in diameter.
- Pathology test results must be performed within one year in order to meet criteria.
- Endometrial Ablation is not recommended for adolescent members receiving gender affirming treatment due to higher rate of reoperation.

Background

The following devices have been approved by the Food and Drug Administration (FDA) for use in endometrial ablation as a treatment for menorrhagia:

- Cryo probes
- Electric (resecting rollerball, loop, triangular mesh)
- Laser
- Microwave Endometrial Ablation (MEA) System
- High Radiofrequency, Impedance-Controlled (RF)
- Thermoablation (heated saline, thermal fluid filled balloon)

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
58353	Endometrial ablation, without hysteroscopic guidance

MP.089.MPC Endometrial Ablation

Policy Number: MP.089.MPC

Last Review Date: 02/20/2025

Effective Date: 03/01/2025

58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58563	Hysteroscopy, surgical, with endometrial ablation
ICD-10 codes covered if selection criteria are met:	
D25.0-D25.9	Leiomyoma of uterus
N92.0-N92.6	Excessive, frequent, and irregular menstruation
N93.0-N93.8	Abnormal uterine and vaginal bleeding

References

1. National Institute for Health and Care Excellence (NICE). Clinical Guidelines (CG). Heavy Menstrual Bleeding: assessment and management. NG88. Published March 14, 2018. Last Updated: May 24, 2021.
<https://www.nice.org.uk/guidance/ng88>
2. U.S. Food & Drug Administration (FDA). Medical Device Approval: NovaSure™ Impedance Controlled Endometrial Ablation System - P010013. Issued: 09/28/2001.
https://www.accessdata.fda.gov/cdrh_docs/pdf/P010013b.pdf
3. U.S. Food & Drug Administration. Medical Device Approval: Microwave Endometrial Ablation (MEA) System P020031. Issued 09/23/2003. Page Last Updated: 11/20/2023.
<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P020031>
4. ACOG Practice Bulletin number 81 “Endometrial Ablation”, May 2007, reaffirmed 2018; The American College of Obstetricians and Gynecologists.
https://journals.lww.com/greenjournal/citation/2007/05000/acog_practice_bulletin_no_81_endometrial.43.aspx
5. ACOG “Management of Endometrial Intraepithelial Neoplasia or Atypical Endometrial Hyperplasia”, September 2023; The American College of Obstetricians and Gynecologists.
<https://www.acog.org/-/media/project/acog/acogorg/clinical/files/clinical-consensus/articles/2023/09/management-of-endometrial-intraepithelial-neoplasia-or-atypical-endometrial-hyperplasia.pdf?rev=5981eb54f6024ab8be9125cc24241736&hash=B92C7E59813682B411A9EC83704FB202>

Disclaimer

Maryland Physicians Care medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Maryland Physicians Care and its affiliated managed care entities.

MP.089.MPC Endometrial Ablation

Policy Number: MP.089.MPC

Last Review Date: 02/20/2025

Effective Date: 03/01/2025

Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Maryland Physicians Care reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Maryland Physicians Care. Any sale, copying, or dissemination of said policies is prohibited.