



Policy Number: EVH\_MP\_2516.MPC

Last Review Date: 02/19/2026

Effective Date: 03/01/2026

## EVH\_MP\_2516.MPC Endometrial Ablation

Maryland Physicians Care considers **Endometrial Ablation** as medically necessary when the member meets all of the following criteria <sup>(1-3)</sup>:

- The member is premenopausal with a normal endometrial cavity by ultrasound evaluation and has either:
  - Been diagnosed with menorrhagia
  - Member-perceived heavy menstrual bleeding interfering with normal activities of daily life
  - Residual menstrual bleeding resulting from medically necessary gender affirming androgen therapy
- The member is not pregnant and has no desire for future fertility
- 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
- The device is FDA approved for this procedure
- The member has failed to respond to more conservative therapies (e.g., medical therapy including treatment with hormones, medications) or has a contraindication to hormone therapy

### Limitation <sup>(2,4)</sup>

- 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.

### Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
<b>CPT Codes</b>	
58353	Endometrial ablation, thermal, without hysteroscopic guidance
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed



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58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
<b>ICD-10 codes covered if selection criteria are met:</b>	
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified
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
N93.0	Postcoital and contact bleeding
N93.1	Pre-pubertal vaginal bleeding
N93.8	Other specified abnormal uterine and vaginal bleeding
N93.9	Abnormal uterine and vaginal bleeding, unspecified

### Policy History

Date	Summary
February 19, 2026	<ul style="list-style-type: none"> <li>This guideline was renumbered from MP.089.MPC Endometrial Ablation</li> <li>Annual Review - Renumbered policy; replaced patient with member throughout; formatting updates throughout; updated citations under Indications and Limitations; added indication for residual bleeding after androgen therapy; removed Background section; updated description of procedure codes 58353 and 58563; broke out ICD-10 range codes D25.0-D25.9; N92.0-N92.6 and N93.0-N93.8; added ICD-10 code N93.9; added Policy History Log; replaced outdated References with updated References</li> </ul>

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### **References**

1. Bofill Rodriguez M, Lethaby A, Fergusson RJ. Endometrial resection and ablation versus hysterectomy for heavy menstrual bleeding. *Cochrane Database of Systematic Reviews*. 2021;2021(2). doi:10.1002/14651858.CD000329.pub4
2. Heavy Menstrual Bleeding: Assessment and Management. National Institute for Health and Care Excellence (NICE); 2021.
3. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society\* Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2017;102(11):3869-3903. doi:10.1210/jc.2017-01658
4. Management of Endometrial Intraepithelial Neoplasia or Atypical Endometrial Hyperplasia: ACOG Clinical Consensus No. 5. *Obstetrics and gynecology*. 2023;142(3):735-744. doi:10.1097/AOG.0000000000005297

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