Endometrial Ablation

Adjudication Guideline

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Approved by:	Responsible:	Related Adjudication Guidelines:
Daman	Medical Standards & Research	N/A

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1. Abstract

1.1 For Members

Endometrial ablation is a procedure to remove a thin layer of tissue (endometrium) that lines the uterus. It is done to stop or reduce heavy menstrual bleeding.

Endometrial ablation is a surgery or procedure done to disrupt the lining of the uterus in order to minimize heavy or prolonged menstrual flow. This lining is called the endometrium. The surgery may be done in a hospital, outpatient surgery center, or the health care provider's office.

The minimally invasive nature of the procedure and high rate of patient satisfaction have made this procedure an exciting approach, particularly in women with contraindications to hormonal treatment and those with inadequate responses to medical treatment. However, it does not always offer permanent relief, and retreatment may be necessary.

1.2 For Medical Professionals

Global Endometrial Ablation Techniques

Method (Energy Source)	Hysteroscopic Visualization Required	Cavity Limits (cm)	Cervical dilation (mm)	Time (min)	Pre-treatment
Thermal balloon	No	4 -10	5	8	Yes
Cryoablation	No	≤10	5	14	Yes
Hydrothermablation	Yes	≤10.5	8	10	Yes
Radiofrequency electrosurgical	No	6-10	8	3.5	No
Microwave ablation	No	6 – 12	8.5	1.5	Yes

2. Scope

The scope of this adjudication rule highlights the medical indications and coverage details of endometrial ablation for all health insurance plans administered by Daman as per policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

1. Treatment of ovulatory menorrhagia in premenopausal patients.

2. Chronic menorrhagia.
3. It may also be used for acute abnormal uterine bleeding in hemodynamically stable patients in whom medical therapy is contraindicated or unsuccessful.
4. Abnormal uterine bleeding of benign etiology (as evidenced by preoperative endometrial sampling and histologically benign findings).

Approaches include hysteroscopic surgical resection with electrocautery and fulguration with roller ball, or the use of alternative energy sources for endometrial destruction, such as laser and cryodestruction.

Hysteroscopy involves the introduction of a camera into the uterine cavity through a flexible or rigid channel. Operative hysteroscopy allows surgical management of uterine cavity lesions through the hysteroscopic channel.

Endometrial ablation is a procedure used to treat abnormal bleeding by destroying tissue in the uterine lining. The tissue can be removed using:

- High frequency radio waves
- Laser energy
- Heated fluids
- Balloon therapy
- Freezing
- Electrical current

The FDA has approved endometrial ablation devices for premenopausal patients with heavy menstrual bleeding due to benign (non-cancerous) causes for whom childbearing is complete. The FDA has approved endometrial ablation devices that use different methods to destroy the endometrium tissue. These methods include:

- Heat energy created by one of these methods:
- Heated gas inside a handpiece inserted into the uterus
- Radiofrequency energy delivered by a handpiece within the uterus
- Free flowing heated saline circulated within the uterus
- Microwave energy delivered by a handpiece within the uterus
- Heated fluid within a balloon on a handpiece inserted into the uterus
- Heated water vapor circulated within the uterus

- Extreme cold created by nitrous oxide within a balloon on a handpiece inserted into the uterus

Contraindications:

Endometrial ablation should not be done in women past menopause. It is not recommended for women with certain medical conditions, including

- disorders of the uterus or endometrium
- endometrial hyperplasia
- cancer of the uterus
- recent pregnancy
- current or recent infection of the uterus

You are NOT a candidate for this procedure if:

- You are pregnant or want to become pregnant in the future. Pregnancies following ablation can be dangerous for both mother and fetus.
- You had an endometrial ablation procedure or endometrial resection (including endometrial ablation/resection performed immediately before the endometrial ablation procedure).
- Currently available devices are not designed for repeat treatment. Repeat ablation may result in serious injury such as internal burns.
- You are on medications that could thin the myometrial muscles (the muscles of the uterus), such as long-term steroid use (except for inhaler or nasal therapy for asthma).
- You have an intrauterine device (IUD) currently in place.
- You have abnormal vaginal bleeding that has not been evaluated by a health care provider.
- You have a known or suspected abdominal, pelvic or gynecological cancer.
- You have any anatomic condition (for example, history of previous classical cesarean section) or other condition that could weaken the muscular layer of the uterus.

- You have an active genital, pelvic or urinary tract infection (for example, cervicitis, vaginitis, endometritis, salpingitis or cystitis) at the time of treatment.
- Pre-procedure Considerations
- Endometrial biopsy is typically performed weeks before the procedure to rule out malignancy.
- Hormonal pretreatment (e.g., GnRH agonists) may be used for 1–3 months in younger women to thin the endometrium.

A biopsy of the endometrium or lining of the uterus will be performed in the weeks prior to the procedure. Younger women may be treated with a hormone that blocks estrogen from being made by the body for 1 to 3 months before the procedure.

Endometrial sampling is performed in all patients prior to endometrial ablation to exclude endometrial hyperplasia or cancer. Ideally, this should be performed with enough time to receive the results and cancel the procedure, if neoplasia is found. However, if sampling has not yet been performed by the day of the procedure, it should be done just prior to the ablation.

Endometrial ablation is not recommended for the treatment of endometrial hyperplasia because complete and persistent endometrial destruction cannot be ensured and intrauterine adhesion formation may preclude future endometrial histological surveillance.

Contraindications:

- Large uterus (>12 weeks in size) or large uterine cavity (>12 cm in length) – in these cases endometrial ablation can be done but the results are less likely to be satisfactory.
- Large submucous fibroid (>2 cm in diameter).
- Non-benign endometrial pathology.
- Suspected or confirmed Uterine Cancer.
- Cervical cancer.
- Current Pregnancy
- Current pelvic infection.
- Hysterectomy is required for another condition.
- Desire to preserve fertility.
- Postmenopausal women.

- Presence of IUD.
- Patient on Tamoxifen.
- Have previously undergone endometrial ablation or resection (repeat ablation is not advised due to risk of internal injury).

3.2 Requirements for Coverage

Kindly code the ICD-10 and the CPT codes to the highest level of specificity.
Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.

3.3 Non-Coverage

- Not covered for visitor plan.
- Not covered in case if not medically necessary or considered experimental, investigational or unproven for any other indication.

Payment and Coding Rules

Please apply Regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code description
CODE-010	Activity/diagnosis inconsistent with clinician's speciality
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities
MNEC-005	Service/supply may be appropriate, but too frequent
CLAI-012	Submission not compliant with contractual agreement between provider & payer
PRCE-002	Payment is included in the allowance for another service.
CODE-013	Invalid principal diagnosis (for example E-codes)

5. Appendices

5.1 References

- https://elearning.rcog.org.uk/product?catalog=co_uterinecavsurghttps://www.aafp.org/pubs/afp/issues/2008/0215/p545.html
- https://www.acog.org/womens-health/faqs/endometrial-ablation
- https://www.uptodate.com/contents/overview-of-endometrial-ablation#H4
- https://emedicine.medscape.com/article/1618893-overview#a3
- https://www.jogc.com/article/S1701-2163(24)00464-X/abstract
- https://www.fda.gov/medical-devices/surgery-devices/endometrial-ablation-heavy-menstrual-bleeding
- https://medlineplus.gov/ency/article/007632.htm
- https://pubmed.ncbi.nlm.nih.gov/24286996/

5.2 Revision History

Date	Change(s)
27/12/22	Release of V1.0
23/12/2024	Reviewed as per the system requirement References updated
03/06/2025	Release of V2.0 Clinical Content and Template Update