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Endometrial Ablation

Adjudication Guideline

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Abstract

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.

For Medical Professionals

Global Endometrial Ablation Techniques

Method	Sounded uterine length		Cervical dilation	Time	Pre- treatment
-	Min	Max	cm	mins	-
Thermal balloon	4	10	5	8	Suction curettage
Cryotherapy	n/a	10	5	14	Yes
Hydrothermablation	4	10.5	8	10	Yes
Microwave	6	14	8	3.5	Yes
Bipolar energy	6	10	8.5	1.5	No

Approved by:
Daman

Responsible:
Medical Standards & Research

**Related Adjudication
Guidelines: NA**

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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.

Adjudication Policy

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) ⁶. *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.*

Contraindications

1. 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.
2. Large submucous fibroid (>2 cm in diameter).
3. Non-benign endometrial pathology.
4. Cervical cancer.
5. Current pelvic infection.
6. Hysterectomy is required for another condition.
7. Desire to preserve fertility.

Requirements for Coverage

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

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 DOH payment rules and regulations and relevant coding manuals for ICD, CPT

Denial codes

Regulator denial codes with description are elaborated for reference. These are specialized codes directed by regulator, that explains the reason of rejection of the service by DAMAN to the providers.

Code	Code description
CODE-010	Activity/diagnosis inconsistent with clinician's speciality
MNEC-003	Service is not clinically indicated based on good clinical practice

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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)

Appendices

A. References

1. <https://www.fda.gov/medical-devices/surgery-devices/endometrial-ablation-heavy-menstrual-bleeding#:~:text=Endometrial%20ablation%20is%20a%20minimally,which%20is%20called%20the%20endometrium.>
2. <https://elearning.rcog.org.uk//uterine-cavity-surgery/endometrial-ablation/indications-and-contraindications>
3. <https://www.aafp.org/pubs/afp/issues/2008/0215/p545.html>
4. <https://www.acog.org/womens-health/faqs/endometrial-ablation>
5. <https://www.uptodate.com/contents/overview-of-endometrial-ablation#H4>
6. <https://emedicine.medscape.com/article/1618893-overview#a3>

B. Revision History

Date	Change(s)
27-12-22	Release of V1.0

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