



MENORRHAGIA TREATMENT

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Status: Current

**Note this policy incorporates previously separate policies of Endometrial Ablation Procedures for Menorrhagia #91539 and Levonorgestrel-Releasing IUD (MIRENA®) for Menorrhagia # 91487.*

I. POLICY/CRITERIA

- A. Hormonal therapy (i.e. The levonorgestrel-releasing intrauterine system (Mirena®) or other pharmacotherapy as determined by member's specific plan; *or*
- B. Dilation and curettage; *or*
- C. Endometrial ablation* is considered medically indicated when **all** of the following are present:
 - 1. Symptomatic menorrhagia (blood loss >80 mL per cycle, bleeding for >8 days, blood loss sufficient to cause anemia or blood loss or symptoms that significantly interfere with normal activities)
 - 2. Underlying medical conditions have been ruled out
 - 3. Cervical cytology is negative
 - 4. Endometrial cancer or precancer is not present
 - 5. Adnexal tumors are not present
 - 6. Desire for childbearing completed

*The following endometrial ablation procedures are a covered benefit:

- Hysteroscopic-assisted electrocautery utilizing a resectoscope with a wire loop
- Thermal Balloon
- Cryoablation
- Hydrothermal
- Radiofrequency (for example-NovaSure™ Impedance Controlled)

In addition to the above, the device utilized for endometrial ablation must be an FDA approved device and utilized as labeled.

*Note: Coverage for the use of IUDs (including the levonorgestrel-releasing intrauterine system (Mirena®)) for contraception **are** a covered benefit for Medicaid and MiCHILD members and for commercial groups **who have purchased contraceptive riders.***



II. LIMITATIONS AND EXCLUSIONS

Coverage is not provided for:

- Diode laser (ELITT/GyneLase)
- Microwave

III. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable

IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern. ASO: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. DESCRIPTION

Background: Abnormal uterine bleeding is defined as a change in the frequency of menses, the duration of flow, or the amount of blood loss. The most common presenting complaint is excessive or prolonged bleeding, also referred to as menorrhagia.

Radiofrequency endometrial ablation (RFEA) has been introduced for the treatment of menorrhagia secondary to dysfunctional uterine bleeding (DUB). The procedure uses a radiofrequency-controlled probe that generates heat in the uterus to destroy the endometrial lining.



Other treatments for DUB include watchful waiting; pharmacological therapy using iron supplements, nonsteroidal anti-inflammatory drugs, oral contraceptives, and oral and intrauterine progestins; dilation and curettage; and hysterectomy. If optimal nonsurgical medical therapies fail, are contraindicated or cause intolerable side effects, then endometrial ablation or hysterectomy are options in women who have no wish for future pregnancies. Patients should however be informed that endometrial ablation is not an adequate form of contraception and pregnancy protection is still necessary.

VI. CODING INFORMATION

Endometrial procedures:

ICD-9 Codes that may support medical necessity

- 617.0 Endometriosis of uterus
- 621.9 Unspecified disorder of uterus
- 626.2 Excessive or frequent menstruation
- 626.6 Metrorrhagia
- 626.8 Other disorders of menstruation and other abnormal bleeding (dysfunctional uterine hemorrhage)
- 626.9 Disorders of menstruation and other abnormal bleeding from female genital tract, unspecified
- 627.0 Premenopausal menorrhagia
- 627.1 Postmenopausal bleeding

CPT/HCPCS Codes

- 58353 Endometrial ablation, thermal, without hysteroscopic guidance
- 58356 Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
- 58563 Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)

Levonorgestrel-Releasing Intrauterine:

ICD-9 Diagnosis Codes:

**This procedure covered for these diagnoses only:*

- 626.2 Excessive or frequent menstruation
- 626.6 Metrorrhagia
- 626.8 Other disorders of menstruation and other abnormal bleeding (dysfunctional uterine hemorrhage)

CPT/HCPCS Codes

- J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
- S4981 Insertion of levonorgestrel-releasing intrauterine system (Not billable for Priority Health Medicare or Priority Health Medicaid)
- 58300* Insertion of intrauterine device (IUD)
- 58301* Removal of intrauterine device (IUD)

VII. REFERENCES

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3. Bain C, Cooper KG, Parkin DE. Microwave endometrial ablation versus endometrial resection: a randomized controlled trial. *Obstet Gynecol* 2002 June; 99 (6): 969-970.
4. Cooper J, Gimpelson, et al. A randomized, multicenter trial of safety and efficacy of the NovaSure System in the treatment of menorrhagia. *J Am Assoc Gynecol Laparosc* 2002 November; 9 (4): 418-428.
5. Duleba AJ, Heppard MC, et al. A randomized study comparing endometrial cryoablation and rollerball electroablation for treatment of dysfunctional uterine bleeding. *J Am Assoc Gynecol Laparosc* 2003 Feb; 10 (1): 17-26.
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7. HAYES Medical Technology Directory. Radiofrequency Endometrial Ablation for Menorrhagia Secondary to Dysfunctional Uterine Bleeding. Lansdale, PA.: HAYES, Inc; May 2004.
8. HAYES Medical Technology Directory. Endometrial Laser Ablation. Lansdale, PA.: HAYES, Inc; July 2003.
9. U.S. Food and Drug Administration. Obstetrics and Gynecology Devices Panel Meeting Summary – June 9-10, 2003. Retrieved July 29, 2003, from <http://www.fda.gov/cdrh/panel/summary/obgyn-060903.html>.
10. American College of Obstetricians and Gynecologists. Endometrial Ablation. ACOG Practice Bulletin, Clinical Management Guidelines for Obstetrician-Gynecologists, May 2007, No. 81.

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