PriorityHealth

MEDICAL POLICY
No. 91575-R2

MENORRHAGIA TREATMENT

Effective Date: October 1, 2018	**Review Dates: 8/10, 8/11, 8/12, 8/13, 8/14, 8/15, 8/16, 8/17, 8/18**
Date Of Origin: August 11, 2010	**Status: Current**

Note this policy incorporates previously separate policies for Endometrial Ablation Procedures for Menorrhagia #91539 and Levongestrel-Releasing IUD (Mirena®) for Menorrhagia # 91487.

Summary of Changes

Clarifications:

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Deletions:

- Pg. 2, Section II, Microwave removed

Additions:

- Pg. 2, Section 1, C, Microwave added to the list of endometrial ablation procedures that are a covered benefit.

I. POLICY/CRITERIA

A. Hormonal therapy including levonorgestrel-releasing intrauterine systems (eg, Mirena®) or other pharmacotherapy as determined by member's specific plan; *or*

B. Dilation and curretage; *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 anatomic or pathologic medical conditions have been ruled out (eg. Active infectious process or pelvic inflammatory disease, uterine polyps or other surgically correctable source of bleeding)
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™ Impedence Controlled)
- Microwave

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

Note: Coverage for the use of IUDs (including the levonorgestrel-releasing intrauterine system (Mirena®)) for contraception are a covered benefit for Medicaid, Healthy Michigan and MIChild members and for plans that fall under the Women's Preventive Health provisions of the Affordable Care Act. IUD's may also be covered for commercial groups who have purchased a contraceptive management rider.

II. LIMITATIONS AND EXCLUSIONS

Coverage is not provided for:

- Diode laser (ELITT/GyneLase)

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/HEALTHY MICHIGAN PLAN:** ***For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-***

132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

V. DESCRIPTION

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.

Treatments include watchful waiting, pharmacological therapy (e.g. 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.

VI. CODING INFORMATION

Endometrial Procedures:

ICD-10 Codes that may apply:

N80.0	Endometriosis of uterus
N85.9	Noninflammatory disorder of uterus, unspecified
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.4	Excessive bleeding in the premenopausal period
N92.6	Irregular menstruation, unspecified
N93.8	Other specified abnormal uterine and vaginal bleeding
N93.9	Abnormal uterine and vaginal bleeding, unspecified

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 Device:

* * *These procedures are covered regardless of diagnosis if the plan falls under the Women's Preventive Health provisions of the Affordable Care Act. If a plan excludes coverage of contraceptive devices, the following procedures are covered as a medical benefit for these diagnoses only:*

ICD-10 Codes that support medical necessity for the following procedures*:*
N92.0 Excessive and frequent menstruation with regular cycle
N92.1 Excessive and frequent menstruation with irregular cycle
N93.8 Other specified abnormal uterine and vaginal bleeding

*** *CPT/HCPCS Codes**
J7298 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg,
58300 Insertion of intrauterine device (IUD)
58301 Removal of intrauterine device (IUD)

(This benefit does not apply to codes J7297, J7300 or J7301 -- contraception only)

VII. REFERENCES

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