

Endometrial ablation

Services must meet medical necessity criteria. Submit prior authorization requests through the e-referral system. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable codes: *58353, *58356 and *58563

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See below for the questions you'll encounter for this procedure in the e-referral system.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Endometrial Ablation

Answering the question(s) below will provide additional information needed to process your request.

Q For microwave ablation approaches (for example, Microwave Endometrial Ablation System) ONLY, select ANY of the following that are present. Note: If procedure NOT listed above, you MUST select NOT APPLICABLE.

A

Possible answers:

Essure contraceptive inserts
Myometrial thickness < 10mm
Endometrial cavity < 6cm long
None of the above are present
Not Applicable

Q For microwave or radiofrequency ablation approaches (for example, Novasure) ONLY, select ANY of the following that are present. Note: If procedure NOT listed above, you MUST select NOT APPLICABLE.

A

Possible answers:

Myometrial thickness < 10 mm
Endometrial cavity < 6 cm long
None of the above are present
Not Applicable

See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option

Q For microwave or radiofrequency ablation approaches (for example, Novasure) with Essure contraceptive inserts present, has correct insert placement been confirmed by an Essure Confirmation Test? Note: If procedure NOT listed above, you MUST select N/A.

A

Possible answers: Yes No Not applicable

Q Is there an anatomical condition where myometrium weakness could exist (for example, previous classic C-section, removal of fibroid in uterus wall)? Note: If NOT nonresectoscopic, select NOT APPLICABLE.

A

Possible answers: Yes No Not applicable

Q Is there documentation in the records of a discussion with the patient of all alternative treatment options?

A

Possible answers: Yes No

Q Does the patient have a current pregnancy or wish to be pregnant in the future?

A

Possible answers: Yes No

Q Does the patient have an active pelvic inflammatory disease or hydrosalpinx (blocked fallopian tube due to fluid, not due to tubal ligation)?

A

Possible answers: Yes No

Q Does the patient have an intrauterine (IUD) device in place?

A

Possible answers: Yes No

See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option

Q	Does the patient have a documented history of abnormal uterine bleeding or patient-perceived heavy menstrual bleeding?				
A	<input type="text" value="v"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Q	Did the patient have a D & C or endometrial biopsy that failed to show evidence of endometrial cancer or pre-cancerous changes of the endometrium such as endometrium hyperplasia?				
A	<input type="text" value="v"/> Possible answers: <table border="1" data-bbox="1026 672 1520 786"> <tr><td>Yes, and cancerous condition ruled out</td></tr> <tr><td>Tests did NOT rule out cancer</td></tr> <tr><td>No, test(s) were not performed</td></tr> </table>	Yes, and cancerous condition ruled out	Tests did NOT rule out cancer	No, test(s) were not performed	
Yes, and cancerous condition ruled out					
Tests did NOT rule out cancer					
No, test(s) were not performed					
Q	For nonresectoscopic endometrial ablation, does the member have submucosal fibroids (below the lining of the uterus) larger than 3 cm in diameter? Note: If approach is other than above, select NOT APPLICABLE.				
A	<input type="text" value="v"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable				
Q	Measured length of the endometrial cavity for nonresectoscopic approaches (for example, Novasure, Cavaterm, ThermoChoice, Her Option, Hydro ThermAblation, HTA System?) Note: If approach is other than above, select NOT APPLICABLE.				
A	<input type="text" value="v"/> Possible answers: <table border="1" data-bbox="810 1122 1094 1247"> <tr><td>Greater than 10 cm</td></tr> <tr><td>Less than 10 cm</td></tr> <tr><td>Not Applicable</td></tr> </table>	Greater than 10 cm	Less than 10 cm	Not Applicable	
Greater than 10 cm					
Less than 10 cm					
Not Applicable					
Q	Measured length of endometrial cavity for microwave approaches (for example, Microwave Endometrial Ablation System (MEA) from Microsulis Medical/Hologic) or radiofrequency approaches (for example, Novasure)? Note: If approach is NOT microwave, you must select NOT APPLICABLE.				
A	<input type="text" value="v"/> Possible answers: <table border="1" data-bbox="1026 1365 1488 1507"> <tr><td>Greater than 6 cm</td></tr> <tr><td>Greater than 6 cm and less than 14 cm</td></tr> <tr><td>Greater than 14 cm</td></tr> <tr><td>Not Applicable</td></tr> </table>	Greater than 6 cm	Greater than 6 cm and less than 14 cm	Greater than 14 cm	Not Applicable
Greater than 6 cm					
Greater than 6 cm and less than 14 cm					
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Not Applicable					