## 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.*

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

**A** Possible answers:

<table>
<thead>
<tr>
<th>Possible answers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essure contraceptive inserts</td>
</tr>
<tr>
<td>Myometrial thickness &lt; 10 mm</td>
</tr>
<tr>
<td>Endometrial cavity &lt; 6 cm long</td>
</tr>
<tr>
<td>None of the above are present</td>
</tr>
<tr>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

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

**A** Possible answers:

<table>
<thead>
<tr>
<th>Possible answers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myometrial thickness &lt; 10 mm</td>
</tr>
<tr>
<td>Endometrial cavity &lt; 6 cm long</td>
</tr>
<tr>
<td>None of the above are present</td>
</tr>
<tr>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
## Preview questionnaire: Endometrial ablation

For Blue Care Network HMO^SM^ (commercial) and BCN Advantage^SM^ members

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 microwave or radiofrequency ablation approach, you MUST select Not Applicable.</td>
<td>Possible answers: □ Yes □ No □ Not applicable</td>
</tr>
<tr>
<td>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.</td>
<td>Possible answers: □ Yes □ No □ Not applicable</td>
</tr>
<tr>
<td>Is there documentation in the records of a discussion with the patient of all alternative treatment options?</td>
<td>Possible answers: □ Yes □ No</td>
</tr>
<tr>
<td>Does the patient have a current pregnancy or wish to be pregnant in the future?</td>
<td>Possible answers: □ Yes □ No</td>
</tr>
<tr>
<td>Does the patient have an active pelvic inflammatory disease or hydrosalpinx (blocked fallopian tube due to fluid, not due to tubal ligation)?</td>
<td>Possible answers: □ Yes □ No</td>
</tr>
<tr>
<td>Does the patient have an intrauterine (IUD) device in place?</td>
<td>Possible answers: □ Yes □ No</td>
</tr>
</tbody>
</table>
## Preview questionnaire: Endometrial ablation

For Blue Care Network HMO℠ (commercial) and BCN Advantage℠ members

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

### Question 1

**Q**: Does the patient have a documented history of abnormal uterine bleeding or patient-perceived heavy menstrual bleeding?

**A**: Possible answers: □ Yes □ No

### Question 2

**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**: Possible answers:

- Yes, and cancerous condition ruled out
- Tests did NOT rule out cancer
- No, test(s) were not performed

### Question 3

**Q**: For non-resectoscopic 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 non-resectoscopic approach, select Not Applicable.

**A**: Possible answers: □ Yes □ No

### Question 4

**Q**: Measured length of the endometrial cavity for non-resectoscopic approaches (for example, Novasure, Cavaterm, ThermaChoice, Her Option, HydroThermAblation, HTA System?) Note: If approach is other than non-resectoscopic approach, select Not Applicable.

**A**: Possible answers:

- Greater than 10 cm
- Less than 10 cm
- Not Applicable

### Question 5

**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**: Possible answers:

- Greater than 6 cm
- Greater than 6 cm and less than 14 cm
- Greater than 14 cm
- Not Applicable