

Endometrial Biopsy

Also known as	1. Endometrial sampling				
Description	A surgical procedure to remove a small tissue sample from the lining (endometrium) of the uterus to check for abnormal cells, signs of cancer, or for fertility purposes. Procedure is generally done in the doctor’s office and usually doesn’t require anesthesia.				
See also	Similar, related, or easily confused documents. • Endometrial Ablation – Procedures to remove endometrial scar tissue.				
Table of Contents	The following topics are included in this document: • Commercial • Government Programs • Individual and Family Business (IFB)				
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Commercial

Introduction

This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.

Benefits (all except MMP)

Medical (non-fertility): Quote surgical benefits. Include physician, hospital, and anesthesia benefits.

Fertility: Quote fertility benefits.

• Exclusions: Services for fertility treatment may not be covered. Check for *Fertility* or *Fertility Diagnosis*. See the table below.

Section name	Coverage
Fertility	<ul style="list-style-type: none">Plan covers diagnosis AND treatment of fertility.Quote benefits from this section.
Fertility Diagnosis	<ul style="list-style-type: none">Plan covers diagnosis of fertility, but NOT treatment.For diagnosis ONLY, quote from this section.For treatment, not covered.
Neither	<ul style="list-style-type: none">Check for exclusions of fertility services.

Mayo Medical Plan (MMP)

Medical (non-fertility): Quote surgical benefits. Include physician, hospital, and anesthesia benefits.

Fertility: Quote fertility benefits.

• Exclusions: Services for fertility treatment may not be covered. Check for *Fertility* or *Fertility Diagnosis*. See the table below.

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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Medica is the only payer.				
Cost (Prime)	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.				
Med Advantage	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	Quote surgical benefits. Include physician, hospital, and anesthesia benefits.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>								
Benefits	<p>Medical (non-fertility): Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <p>Fertility: Quote fertility benefits.</p> <p>• Exclusions: Services for fertility treatment may not be covered. Check for <i>Fertility</i> or <i>Fertility Diagnosis</i>. See the table below.</p> <table><tr><th>Section name</th><th>Coverage</th></tr><tr><td>Fertility</td><td><ul style="list-style-type: none">Plan covers diagnosis AND treatment of fertility.Quote benefits from this section.</td></tr><tr><td>Fertility Diagnosis</td><td><ul style="list-style-type: none">Plan covers diagnosis of fertility, but NOT treatment.For diagnosis ONLY, quote from this section.For treatment, not covered.</td></tr><tr><td>Neither</td><td><ul style="list-style-type: none">Check for exclusions of fertility services.</td></tr></table>	Section name	Coverage	Fertility	<ul style="list-style-type: none">Plan covers diagnosis AND treatment of fertility.Quote benefits from this section.	Fertility Diagnosis	<ul style="list-style-type: none">Plan covers diagnosis of fertility, but NOT treatment.For diagnosis ONLY, quote from this section.For treatment, not covered.	Neither	<ul style="list-style-type: none">Check for exclusions of fertility services.
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