

Endometrial Ablation

Methods used in endometrial ablation

1. Electrosurgery – uses a resectoscope
2. Freezing – Endometrial Cryoablation (ECA)
3. Heated Balloon - Thermal Balloon Endometrial Ablation (TBEA)
4. Heated fluid – Hydrothermal Ablation
5. Microwave Energy – Ultrasound Ablation
6. Radiofrequency Ablation (NovaSure)

Description

An outpatient surgical procedure to destroy the lining of the uterus, called the endometrium. Endometrial ablation can use various techniques including thermal ablation (heat laser), electrical ablation, cryoablation (freezing), or microwave ablation. This procedure is used to reduce menstrual flow accompanied by abnormal bleeding.

See also

Similar, related, or easily confused documents.

- [Endometrial Biopsy](#)
- [HIFU, High Intensity Focused Ultrasound Ablation Therapy](#)

Commercial

Medical (non-infertility): If performed for medical (non-infertility) indications, the procedure is covered under surgical benefits. Quote physician, hospital, and anesthesia benefits, as appropriate.

Infertility: If performed for infertility reasons, the procedure is covered under infertility benefits.

- **Note:** Services for the treatment of infertility may not be covered for some groups. Check the Plan Document for a section titled *Infertility* or *Infertility Diagnosis*. Refer to the table below for coverage.

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Endometrial Ablation, Continued

Commercial, continued

Section Name	Coverage
Infertility	Plan covers the diagnosis and treatment of infertility. Procedure is eligible; quote benefits from this section.
Infertility Diagnosis	Plan covers diagnosis of infertility but not treatment. This procedure is not covered.
Neither	Check Plan Document for exclusions of Infertility services.

Government Programs

Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Endometrial Ablation: This procedure is eligible under outpatient surgery, and would be covered by Medicare if the patient has failed to respond to other treatment.• Novasure: Medicare would be primary payer for this device as it would be billed as a surgical supply. Physician calls should be directed to local carrier.• Medicare is the primary payer.• Follows Medicare guidelines.• If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<ul style="list-style-type: none">• Covered under surgical benefits.• Medica is the only payer.

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Endometrial Ablation, Continued

Government Programs, continued

Plan	Coverage
Advantage	<ul style="list-style-type: none"> • Covered under surgical benefits. • Follows Medicare guidelines. • Provider must bill per Medicare Product Grid. • Medica is the only payer.
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> • Covered under surgical benefits. • Refer to the EOC. Copays depend on place of service. • Provider must bill per Medicare Product Grid. • Medica is the only payer.
Medicaid (SPP)	<ul style="list-style-type: none"> • Covered under surgical benefits. Quote physician, hospital, and anesthesia benefits.
Prime	<ul style="list-style-type: none"> • Covered under surgical benefits. • Follows Medicare guidelines. • Provider must bill per Medicare Product Grid. • Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.
Select, Signature	<ul style="list-style-type: none"> • Endometrial Ablation: This procedure is eligible under outpatient surgery, and would be covered by Medicare if the patient has failed to respond to other treatment. • Novasure: Medicare would be primary payer for this device as it would be billed as a surgical supply. Physician calls should be directed to local carrier. • The procedure is covered under surgical benefits. • Medicare supplement. Medicare is the primary payer. • Follows Medicare guidelines.

Individual and Family Business (IFB)

Medical (non-infertility): If performed for medical (non-infertility) indications, the procedure is covered under surgical benefits. Quote physician, hospital, and anesthesia benefits, as appropriate.

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Endometrial Ablation, Continued

Individual and Family Business (IFB), continued

Infertility: If performed for infertility reasons, the procedure is covered under infertility benefits. Quote physician, hospital, and anesthesia benefits, as appropriate.

Medica Health Plan Solutions (MHPS)

Medical (non-infertility): If performed for medical (non-infertility) indications, the procedure is covered under surgical benefits. Quote physician, hospital, and anesthesia benefits, as appropriate.

Infertility: If performed for infertility reasons, the procedure is covered under infertility benefits.

- **Note:** Services for the treatment of infertility may not be covered for some groups. Check the Plan Document for a section titled *Infertility* or *Infertility Diagnosis*. Refer to the table below for coverage.

Section Name	Coverage
Infertility	Plan covers the diagnosis and treatment of infertility. Procedure is eligible; quote benefits from this section.
Infertility Diagnosis	Plan covers diagnosis of infertility but not treatment. This procedure is not covered.
Neither	Check Plan Document for exclusions of Infertility services.

National Account Member Services (NAMS)

Medical (non-infertility): A Medical Policy titled *Abnormal Uterine Bleeding and Uterine Fibroids* exists on the [UnitedHealthcare Online website](#).

- The procedure may be listed separately in the group's iBAAG, and if so, quote coverage from that section.
 - If not listed separately, the procedure is covered under surgical benefits only if the *Coverage Rational* in the policy is satisfied. Quote physician, hospital, and anesthesia benefits, as appropriate.
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Endometrial Ablation, Continued

National Account Member Services (NAMS), continued

- **Note:** If the surgical service occurs in a clinic setting, an office visit charge may be charged in addition to the surgical service; therefore, the office visit benefit should be quoted in addition to the surgical benefit.
- If the *Coverage Rational* is not satisfied, the procedure is considered unproven and therefore not covered.

Infertility: A Medical Policy titled *Infertility Diagnosis and Treatment* exists on the [UnitedHealthcare Online website](#).

- The procedure may be listed separately in the group's iBAAG, and if so, quote coverage from that section.
- If not listed separately, the procedure is covered under surgical benefits only if the *Coverage Rational* in the policy is satisfied. Quote physician, hospital, and anesthesia benefits, as appropriate.
- **Note:** If the surgical service occurs in a clinic setting, an office visit charge may be charged in addition to the surgical service; therefore, the office visit benefit should be quoted in addition to the surgical benefit.

If the *Coverage Rational* is not satisfied, the procedure is considered unproven and therefore not covered.

Document history

Document history outlined below.

Date	Description
12.16.19	Updated to current standards.

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Endometrial Ablation, Continued

Applicability

Business Segments		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Assoc. <input type="checkbox"/> Comm. <input type="checkbox"/> IFB <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> MHPS <input type="checkbox"/> My Plan <input type="checkbox"/> PSC		
Specific Clients/Products		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
System		
<input type="checkbox"/> CCMS <input type="checkbox"/> COS <input type="checkbox"/> HealthRules Payor <input type="checkbox"/> ISET (Choose an item.) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
Departments		
<input type="checkbox"/> All <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Other:		
Approved By	Document Owner	Date
A-Z Review Team	KNTWs	5.23.16
