

UPMC Health Plan POLICY AND PROCEDURE MANUAL

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SUBJECT: Endometrial Ablation
INDEX TITLE: Medical Management
ORIGINAL DATE: January 2010

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()		POS ()		PPO ()	
Fully Insured ()		Self-funded/ASO ()		HSA ()	
Medicare Select ()		Medicare Supplement ()			
DPW-MA:					
Health Choices ()			Voluntary ()		All (X)
CMS-MA:					
OH ()		WV ()		PA ()	All (X) Other ()
HMO (X)	PPO (X)	Specialty Needs Plan (X)		Part D ()	PFFS (X) All ()
PID-CHIP:					
Free ()		Sub ()		Full ()	All (X)
APPLICABLE TO:					
Community Care ()		Work Partners ()			

I. POLICY

It is the policy of UPMC Health Plan to cover endometrial ablation when it is medically necessary as detailed in this policy and covered under the member's specific benefit plan

This policy does not address laparoscopic intraperitoneal ablation.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to define the appropriate indications for uterine ablation.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Ablation or destruction of the endometrium is used to treat menorrhagia (abnormally heavy uterine bleeding) in women who failed hormone therapy or dilation and curettage and do not plan to have any more children. Ablation techniques with or without a hysteroscope are an alternative to a hysterectomy. The following devices have been approved by the FDA for use in endometrial ablation as a treatment for menorrhagia:

- Cryo probes
- Electric (resecting rollerball, loop, triangular mesh)
- Laser
- Microwave
- High Radiofrequency, Impedance-Controlled (RF)
- Thermoablation (heated saline, thermal fluid filled balloon)

Cryosurgical ablation uses probes to freeze and destroy the endometrial lining of the uterus to reduce or prevent abnormal uterine bleeding from benign causes. Using ultrasound and a full bladder, the surgeon places a closed-circuit gas-cooled cryogenic probe into the visualized uterus and freezes the endometrium to a depth of 9-12 mm. (Her Option® Uterine Cryoablation Therapy System)

Electrocautery (resecting rollerball, loop, triangular mesh) ablation is used to deliver energy via a electrode to vaporize or shave the endometrium.

Radiofrequency, Impedance-Controlled (RF) is a surgical device that uses RF energy to destroy the endometrial lining of the uterus. This technique is indicated for premenopausal women with menorrhagia from benign causes (e.g., uterine fibroids) (NovaSure™ Impedance Controlled Endometrial Ablation System)

Laser ablation uses light energy from an Nd: YAG laser or Diode Laser to coagulate and desiccate endometrial tissue to a depth of 3 to 4 mm. A liquid medium such as glycine, sorbitol, saline, or dextran is used to distend the uterus and to irrigate it during the procedure.

(Nd YAG Laser, PhoTex Diode Laser, ELLIT/GyneLaser)

Microwave ablation computer is used to deliver microwave energy through an applicator which causes a rise in temperature where the tip of the applicator meets the tissue. The surgeon moves the applicator in a sweeping motion from side to side across the tissue while slowly pulling the applicator out of the uterus. This “painting” of the inside of the uterus with the applicator destroys the endometrium.

(Thermal Microwave Frequency Endometrial Ablation [MEA™] Device)

Thermal/Hydrothermal ablation (heated saline, thermal fluid filled balloon) system delivers a heated fluid medium via a transcervical balloon catheter. This fluid

medium is heated to 87°C (188°F) for eight minutes. Excessive bleeding is reduced through the heated destruction of the endometrium.

(ThermaChoice® Uterine Balloon Therapy System, HTA Hydro ThermAblator®)

B. Indications

Endometrial ablation is considered medically necessary to treat:

- Premenopausal women with normal endometrial cavities, and
- Who have menorrhagia or perceived heavy menstrual bleeding, or
- Bleeding due to submucosal myomata.

AND

1. The woman has failed to respond to more conservative therapies such as medical treatment with hormones or dilatation and curettage.

OR

The woman most likely will have been unsuccessful with or are intolerant of medical therapy.

OR

The woman has a medical condition that precludes undergoing hysterectomy (e.g., morbid obesity, phlebitis, heart disease, hypertension),

OR

The woman does not wish to undergo more radical surgery (i.e., hysterectomy) for excessive uterine bleeding.

AND

2. The woman is past child-bearing, is not pregnant and has no plans to be pregnant

AND

3. The device is FDA approved

C. Limitations

1. Contraindications for endometrial ablation:

- Pregnancy or desire to become pregnant
- Uterine cancer or endometrial hyperplasia
- Active genital, urinary or pelvic infection
- Women who have endometrial cavities that exceed device limitations
- Structural abnormalities or pathological conditions that could result in weakened myometrium
- Presence of an intrauterine device (IUD)

2. Experimental-investigational:

- Photodynamic/Chemical ablation (e.g., with trichloroacetic acid)

D. Variations

N/A

E. Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

F. Records Retention

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

G. References

1. American Family Physician Practice Guidelines: ACOG Guidelines on Endometrial Ablation, 2/15/08. <http://www.aafp.org/afp/2008/0215/p545.html>
2. ECRI Institute: Thermal Balloon Endometrial Ablation Therapy for Treatment of Idiopathic Menorrhagia, published 11/2/09
3. ECRI Institute: Impedance-controlled Radiofrequency System for Endometrial Ablation, published 10/27/09.
4. ECRI Institute: Cryosurgical Endometrial Ablation for Excessive Uterine Bleeding, 4/29/09
5. ECRI Institute: Laser Endometrial Ablation for Excessive Uterine Bleeding
6. Paul D. Indman, MD, What is Endometrial ablation? OBGYN.net, 1998. http://www.obgyn.net/women/women.asp?page=/women/articles/indman/indman_ablation
7. FDA: Microwave Endometrial Ablation (MEA) System, 9/23/09. <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm082313.htm>
8. FDA: NovaSure™ Impedance Controlled Endometrial Ablation System - P010013, 9/28/01. <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm085102.htm>

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