

MENORRHAGIA TREATMENT

Effective Date: September 1, 2025

Review Dates: 8/10, 8/11, 8/12, 8/13, 8/14, 8/15, 8/16,
8/17, 8/18, 8/19, 8/20, 8/21, 8/22, 8/23, 8/24, 8/25

Date Of Origin: August 11, 2010

Status: Current

**Note this policy incorporates previously separate policies for Endometrial Ablation Procedures for Menorrhagia #91539 and Levonorgestrel-Releasing IUD (Mirena®) for Menorrhagia # 91487.*

Related policies: Uterine Fibroid Treatment # 91573

Summary of Changes

Addition:

- Hysterectomy is medically necessary for the treatment of menorrhagia.
- New sections: Government/Regulations, Guidelines/Position Statements, and FDA/Regulatory.

Clarification:

- Deleted coverage specific information for IUD for contraception because it is outside the scope of this policy.
- Deleted exclusion for ELITT.

I. POLICY/CRITERIA

- A. The following procedures are medically necessary for the treatment of menorrhagia:
1. Hormonal therapy including levonorgestrel-releasing intrauterine systems (e.g., Mirena) or other pharmacotherapy as determined by member's specific plan; *or*
 2. Hysterectomy
 3. Dilation and curettage; *or*
 4. Endometrial ablation by cryoablation, hysteroscopic-assisted electrocautery utilizing a resectoscope with a wire loop, hydrothermal, microwave, radiofrequency (e.g., NovaSure™ Impedance Controlled), or thermal balloon is considered medically indicated when all of the following are present:
 - i. Symptomatic menorrhagia (blood loss >80 mL per cycle, bleeding for >8 days, blood loss sufficient to cause anemia or blood loss or symptoms that significantly interfere with normal activities)
 - ii. Underlying anatomic or pathologic medical conditions have been ruled out (e.g., active infectious process or pelvic inflammatory disease, uterine polyps or other surgically correctable source of bleeding)

- iii. Cervical cytology is negative
- iv. Endometrial cancer or precancer is not present
- v. Adnexal tumors are not present
- vi. Desire for childbearing completed
- vii. The device utilized for endometrial ablation must be an FDA approved device and used as labeled.

Note: For use of intrauterine devices (IUDs) (including the levonorgestrel-releasing intrauterine system (Mirena®)) for contraception see benefit documents or the [Priority Health Provider Manual](#).

II. GOVERNMENT REGULATIONS

CMS Coverage Determinations	Title and Number
National Coverage Determinations (NCDs)	N/A
Local Coverage Determinations	N/A

III. GUIDELINES/POSITION STATEMENTS

Medical or Professional Society	Recommendation
American College of Obstetricians and Gynecologists (ACOG)	Management of Acute Abnormal Uterine Bleeding in Nonpregnant Reproductive-Aged Women ; Committee Opinion, Number 557, April 2013, reaffirmed 2024
	Screening and Management of Bleeding Disorders in Adolescents With Heavy Menstrual Bleeding ; Committee Opinion, Number 785, Sept 2019, reaffirmed 2023
	Diagnosis of Abnormal Uterine Bleeding in Reproductive-Aged Women , Practice Bulletin, Number 128, July 2012

IV. FDA/REGULATORY

Device	PMA Number	Notice Date	Indication
Cerene® Cryotherapy Device	P180032	03/28/2019	The Cerene® Cryotherapy Device is indicated for endometrial cryoablation in premenopausal women with heavy menstrual bleeding due to benign causes for whom

			child bearing is complete.
Minerva Endometrial Ablation System	P140013	7/27/2015	This device is indicated for ablation of the endometrial lining of the uterus in pre-menopausal women with menorrhagia (excessive bleeding) due to benign causes for whom childbearing is complete
NovaSure Impedance Controlled Endometrial Ablation System	P010013	09/28/2001	The device is intended to ablate the endometrial lining of the uterus of pre-menopausal women with menorrhagia (excessive bleeding) due to benign causes for whom childbearing is complete.

V. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

VI. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the*

Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

VII. DESCRIPTION

Abnormal uterine bleeding is defined as a change in the frequency of menses, the duration of flow, or the amount of blood loss. The most common presenting complaint is excessive or prolonged bleeding, also referred to as menorrhagia.

Treatments include watchful waiting, pharmacological therapy (e.g., nonsteroidal anti-inflammatory drugs, oral contraceptives, and oral and intrauterine progestins), dilation and curettage, and hysterectomy. If optimal nonsurgical medical therapies fail, are contraindicated, or cause intolerable side effects, then endometrial ablation or hysterectomy are options in women who have no wish for future pregnancies. Approaches to endometrial ablation have evolved from first-generation techniques to newer second- and third-generation approaches. Current evidence suggests that compared to first-generation techniques (endometrial laser ablation, transcervical resection of the endometrium, rollerball endometrial ablation), second-generation approaches (thermal balloon endometrial ablation, microwave endometrial ablation, hydrothermal ablation, bipolar radiofrequency endometrial ablation, endometrial cryotherapy) are of equivalent efficacy for heavy menstrual bleeding (Bofill Rodriguez, 2019).

VIII. CODING INFORMATION

Endometrial Procedures:

ICD-10 Codes that may apply:

- N80.0 Endometriosis of uterus
- N85.9 Noninflammatory disorder of uterus, unspecified
- N92.0 Excessive and frequent menstruation with regular cycle
- N92.1 Excessive and frequent menstruation with irregular cycle
- N92.4 Excessive bleeding in the premenopausal period
- N92.6 Irregular menstruation, unspecified
- N93.8 Other specified abnormal uterine and vaginal bleeding
- N93.9 Abnormal uterine and vaginal bleeding, unspecified

CPT/HCPCS Codes

- 58353 Endometrial ablation, thermal, without hysteroscopic guidance
- 58356 Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
- 58563 Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)

ICD-10 Codes that support medical necessity for the following procedures:

- N92.0 Excessive and frequent menstruation with regular cycle
- N92.1 Excessive and frequent menstruation with irregular cycle
- N93.8 Other specified abnormal uterine and vaginal bleeding

CPT/HCPCS Codes

- J7297 Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg
- J7298 Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg,
- 58300 Insertion of intrauterine device (IUD)
- 58301 Removal of intrauterine device (IUD)

(Note: For use of intrauterine devices (IUDs) (including the levonorgestrel-releasing intrauterine system (Mirena®)) for contraception see benefit documents or the [Priority Health Provider Manual](#). This benefit does not apply to codes J7296, J7300 or J7301 -- contraception only)

IX. REFERENCES

1. American College of Obstetricians and Gynecologists. Committee on Practice Bulletins—Gynecology. Practice bulletin no. 128: Diagnosis of Abnormal uterine bleeding in reproductive-aged women. *Obstet Gynecol*. 2012 Jul;120(1):197-206. doi: 10.1097/AOG.0b013e318262e320. PMID: 22914421.
2. American College of Obstetricians and Gynecologists. Practice bulletin no. 136: management of abnormal uterine bleeding associated with ovulatory dysfunction. *Obstet Gynecol*. 2013 Jul;122(1):176-185. doi: 10.1097/01.AOG.0000431815.52679.bb. PMID: 23787936.
3. American College of Obstetricians and Gynecologists. [Management of Acute Abnormal Uterine Bleeding in Nonpregnant Reproductive-Aged Women. Practice Bulletin Number 557](#) (Reaffirmed 2025). (Accessed June 11, 2025).
4. American Society for Reproductive Medicine. Indications and options for endometrial ablation. The Practice Committee of the American Society for Reproductive Medicine. *Fertil Steril*. 2008; 90:S236-240
5. Bain C, Cooper KG, Parkin DE. Microwave endometrial ablation versus endometrial resection: a randomized controlled trial. *Obstet Gynecol* 2002 June; 99 (6): 969-970.
6. Belcaro C, Scrimin F, Mangogna A, Galati EF, Biffi S, Monasta L, Romano F, Ricci G. Comparison between Different Diagnostic Strategies in Low-Risk Reproductive Age and Pre-Menopausal Women Presenting Abnormal Uterine Bleeding. *Diagnostics (Basel)*. 2020 Oct 30;10(11):884. doi: 10.3390/diagnostics10110884. PMID: 33142970; PMCID: PMC7692264.
7. Bofill Rodriguez M, Lethaby A, Grigore M, Brown J, Hickey M, Farquhar C. Endometrial resection and ablation techniques for heavy menstrual bleeding. *Cochrane Database Syst Rev*. 2019 Jan 22;1(1):CD001501. doi:

- 10.1002/14651858.CD001501.pub5. PMID: 30667064; PMCID: PMC7057272.
8. Cooper J, Gimpelson, et al. A randomized, multicenter trial of safety and efficacy of the NovaSure System in the treatment of menorrhagia. *J Am Assoc Gynecol Laparosc.* 2002 November; 9 (4): 418-428.
 9. Duleba AJ, Heppard MC, et al. A randomized study comparing endometrial cryoablation and rollerball electroablation for treatment of dysfunctional uterine bleeding. *J Am Assoc Gynecol Laparosc.* 2003 Feb; 10 (1): 17-26.
 10. James AH, Kouides PA, Abdul-Kadir R, Dietrich JE, Edlund M, Federici AB, Halimeh S, Kamphuisen PW, Lee CA, Martinez-Perez O, McLintock C, Peyvandi F, Philipp C, Wilkinson J, Winikoff R. Evaluation and management of acute menorrhagia in women with and without underlying bleeding disorders: consensus from an international expert panel. *Eur J Obstet Gynecol Reprod Biol.* 2011 Oct;158(2):124-34. doi: 10.1016/j.ejogrb.2011.04.025. Epub 2011 Jun 1. PMID: 21632169.
 12. Jewson M, Purohit P, Lumsden MA. Progesterone and abnormal uterine bleeding/menstrual disorders. *Best Pract Res Clin Obstet Gynaecol.* 2020 Nov;69:62-73. doi: 10.1016/j.bpobgyn.2020.05.004. Epub 2020 Jun 5. PMID: 32698992.
 13. Kalampokas E, McRobbie S, Payne F, Parkin DE. Long-term incidence of hysterectomy following endometrial resection or endometrial ablation for heavy menstrual bleeding. *Int J Gynaecol Obstet.* 2017 Oct;139(1):61-64. doi: 10.1002/ijgo.12259. Epub 2017 Jul 27. PMID: 28696501.
 14. Kho CL, Mathur M. Uterine artery embolisation for acute dysfunctional uterine bleeding with failed medical therapy: a novel approach to management. *BMJ Case Rep.* 2015 Jan 16;2015:bcr2014204446. doi: 10.1136/bcr-2014-204446. PMID: 25596287; PMCID: PMC4307078.
 15. McCausland A, McCausland V. A Randomized Controlled Multicenter US Food and Drug Administration Trial of the Safety and Efficacy of the Minerva Endometrial Ablation System: One-Year Follow-Up Results. *J Minim Invasive Gynecol.* 2017 May-Jun;24(4):684-685. doi: 10.1016/j.jmig.2017.02.008. Epub 2017 Feb 16. PMID: 28216460.
 16. Munro MG, Critchley HO, Broder MS, Fraser IS; FIGO Working Group on Menstrual Disorders. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nonpregnant women of reproductive age. *Int J Gynaecol Obstet.* 2011 Apr;113(1):3-13. doi: 10.1016/j.ijgo.2010.11.011. Epub 2011 Feb 22. PMID: 21345435.
 17. Munro MG, Mast AE, Powers JM, Kouides PA, O'Brien SH, Richards T, Lavin M, Levy BS. The relationship between heavy menstrual bleeding, iron deficiency, and iron deficiency anemia. *Am J Obstet Gynecol.* 2023 Jul;229(1):1-9. doi: 10.1016/j.ajog.2023.01.017. Epub 2023 Jan 24. PMID: 36706856.
 18. Scordalakes C, delRosario R, Shimer A, Stankiewicz R. Efficacy and patient satisfaction after NovaSure and Minerva endometrial ablation for treating abnormal uterine bleeding: a retrospective comparative study. *Int J Womens*

- Health. 2018 Apr 18;10:137-145. doi: 10.2147/IJWH.S153699. PMID: 29713204; PMCID: PMC5912370.
19. Venkatesh SS, Ferreira T, Benonisdottir S, Rahmioglu N, Becker CM, Granne I, Zondervan KT, Holmes MV, Lindgren CM, Wittemans LBL. Obesity and risk of female reproductive conditions: A Mendelian randomisation study. *PLoS Med.* 2022 Feb 1;19(2):e1003679. doi: 10.1371/journal.pmed.1003679. Erratum in: *PLoS Med.* 2022 Sep 2;19(9):e1004095. doi: 10.1371/journal.pmed.1004095. PMID: 35104295; PMCID: PMC8806071.
20. Wheeler TL 2nd, Murphy M, Rogers RG, et al.; Society of Gynecologic Surgeons Systematic Review Group. Clinical practice guideline for abnormal uterine bleeding: hysterectomy versus alternative therapy. *J Minim Invasive Gynecol.* 2012; 19(1):81-88.

AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.