

MENORRHAGIA TREATMENT

Effective Date: August 27, 2019

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

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.*

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. Dilation and curettage; *or*
 3. 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.
- B. Endometrial Laser Intrauterine Thermal Therapy (ELITT) using diode laser (e.g., GyneLase) is considered investigational and experimental.

Note: Coverage for the use of IUDs (including the levonorgestrel-releasing intrauterine system (Mirena®)) for contraception are a covered benefit for Medicaid, Healthy Michigan and MI Child members and for plans that fall under the Women's Preventive Health provisions of the Affordable Care Act. IUD's may

also be covered for commercial groups who have purchased a contraceptive management rider.

II. 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](#).

III. 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.*

IV. 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.

Endometrial laser intrauterine thermal therapy (ELITT) is nonhysteroscopic technique for endometrial ablation procedure. It uses a laser beam to destroy the endometrium by thermal therapy; it increases the temperature of the endometrium to induce coagulation. Unlike other global ablation techniques, ELITT does not require direct contact with the endometrium to induce coagulation. The laser beam is diffused inside the uterine cavity in all directions; it therefore reaches the entire uterine cavity, including such inaccessible areas as the cornua. The 830-nm wavelength laser beam penetrates the uterine wall to a precise depth is absorbed by the hemoglobin. The absorbed light is then transformed to heat; it warms the endometrium and causes controlled coagulation. The GyneLase system used in the ELITT procedure is composed of a compact tabletop 20-W, 830-nm diode laser and a disposable handset. The system simultaneously emits laser beams through three separate parallel channels. Each channel delivers equal laser power at any time, directing the laser beam to the target through an optical fiber (Donnez, 2000).

V. CODING INFORMATION

Endometrial Procedures:

ICD-10 Codes that may apply:

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|-------|--|
| 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

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|-------|---|
| 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) |

Levonorgestrel-Releasing Intrauterine Device:

*** These procedures are covered regardless of diagnosis if the plan falls under the Women's Preventive Health provisions of the Affordable Care Act. If a plan excludes coverage of contraceptive devices, the following procedures are covered as a medical benefit for these diagnoses only:*

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)

(This benefit does not apply to codes J7296, J7300 or J7301 -- contraception only)

VI. REFERENCES

1. American College of Obstetricians and Gynecologists. Practice Bulletin Number 186, November 2017, Reaffirmed 2021. Long-Acting Reversible Contraception: Implants and Intrauterine Devices. <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/11/long-acting-reversible-contraception-implants-and-intrauterine-devices> (Retrieved June 29, 2023).
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11. 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.

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