

MEDICAID CODING GUIDELINE

Effective: 04/16/04

RETIRED: 11/01/13

ENDOMETRIAL ABLATION

<u>CPT CODE:</u>	58353	Endometrial ablation, thermal, without hysteroscopic guidance
	58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electro-surgical ablation, thermoablation)

CRITERIA:

- Verification of a procedure* to rule out malignancies must have been performed prior to the date of the endometrial ablation procedure (within the preceding 12 months).

* Endometrial biopsy
Endometrial curettage
D&C, diagnostic or therapeutic
Hysteroscopy; diagnostic or therapeutic

A pathology report must be available to support one of the above procedures

NOTE: Only one endometrial ablation per lifetime will be allowed.

COVERED DIAGNOSIS

626.2	Excessive or frequent menstruation; menometrorrhagia, menorrhagia
626.8	Dysfunctional or functional uterine hemorrhage NOS