MEDICAID CODING GUIDELINE
Effective: 04/16/04
RETIREd: 11/01/13

ENDOMETRIAL ABLATION

CPT CODE: 58353
Endometrial ablation, thermal, without hysteroscopic guidance

58563 Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical 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