Coverage Summary

Uterine Services and Procedures

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 09/17/2019

Related Medicare Advantage Policy Guidelines:

- Diagnostic Pap Smears (NCD 190.2)
- Gravlee Jet Washer (NCD 230.5)
- Therapeutic Embolization (NCD 20.28)
- Vabra Aspirator (NCD 230.6)

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I. COVERAGE

Coverage Statement: Uterine services and procedures are covered when Medicare coverage criteria are met.
### Guidelines/Notes:

1. **Diagnostic Pap Smear**
   
   A diagnostic Pap smear and related medically necessary services are covered when ordered by a physician under one of the following conditions:
   
   - Previous cancer of the cervix, uterus, or vagina that has been or is presently being treated;
   - Previous abnormal pap smear;
   - Any abnormal findings of the vagina, cervix, uterus, ovaries, or adnexa;
   - Any significant complaint by the patient referable to the female reproductive system; or
   - Any signs or symptoms that might in the physician's judgment reasonably be related to a gynecologic disorder.

   See the [NCD for Diagnostic Pap Smears (190.2)](Accessed September 3, 2019).

   *For screening Pap smears and pelvic examination for early detection of cervical or vaginal cancer, see the Coverage Summary for Preventive Health Services and Procedures.*

2. **Gravlee Jet Washer**


3. **Vabra Aspirator**

   Vabra Aspirator is covered for use with patients who exhibit clinical symptoms of endometrial disease (irregular or heavy bleeding). The device is used to in the collection of uterine tissue for study for possible endometrial cancer. See the [NCD for Vabra Aspirator (230.6)](Accessed September 3, 2019).

4. **Therapeutic Embolization**

   Therapeutic embolization is covered for hemorrhage and other conditions amenable to this treatment. See the [NCD for Therapeutic Embolization (20.28)](Accessed September 3, 2019).

5. **Uterine Artery Embolization for Treatment of Uterine Fibroids (CPT code 37243)**

   - Medicare has a general [NCD for Therapeutic Embolization (20.28)](Accessed September 3, 2019), but does not have a specific NCD for uterine artery embolization (UAE) for treatment of uterine fibroids.
   
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   
   - For coverage guidelines, refer to the [UnitedHealthcare Commercial Medical Policy for Abnormal Uterine Bleeding and Uterine Fibroids](Accessed September 3, 2019).

   *(IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)*

   - **Committee approval date:** September 17, 2019
   - **Accessed September 3, 2019**

6. **Magnetic Resonance Imaging (MRI)-guided Focused Ultrasound Ablation (CPT codes 0071T and 0072T)**

   - Medicare does not have National Coverage Determination (NCD) for magnetic resonance Imaging (MRI)-guided cryoablation.
   
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the [LCD Availability Grid (Attachment A)](Accessed September 3, 2019).

   - For states with no LCDs/LCAs, see the [UnitedHealthcare Commercial Medical Policy for](Accessed September 3, 2019)
Abnormal Uterine Bleeding and Uterine Fibroids for coverage guideline.  
(IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

- Committee approval date: September 17, 2019
- Accessed December 16, 2019

7. Hysterectomy for Benign Conditions
   - Medicare does not have National Coverage Determination (NCD) for hysterectomy for benign conditions.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   - For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy for Hysterectomy for Benign Conditions.
     (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 17, 2019
   - Accessed September 3, 2019

8. Use of Intrauterine Devices (IUD) for Treatment of Endometrial Hyperplasia (CPT code 58999)
   - Medicare does not have National Coverage Determination (NCD) for use of intrauterine devices (IUD) used in the treatment of endometrial hyperplasia.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment B).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Abnormal Uterine Bleeding and Uterine Fibroids for coverage guideline.
     (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 17, 2019
   - Accessed December 16, 2019

Note: To avoid unnecessary claim denials use CPT® code 58999 Unlisted procedure, female genital system instead of CPT® code 58300. Use ICD-10 codes N85.00-N85.02 and enter “hormone IUD” in the comment/narrative field. See the Palmetto LCA for Endometrial Hyperplasia Treatment (A53043), (Accessed September 3, 2019)

II. DEFINITIONS

None

III. REFERENCES

See above

IV. REVISION HISTORY

09/17/2019    • Routine review; no change to coverage guidelines

Attachments

• Updated Local Coverage Determination (LCD) Availability Grids to reflect the most current reference link
### Attachment A - LCD Availability Grid

**Magnetic Resonance Imaging (MRI)-guided Focused Ultrasound Ablation**

*(CPT codes 0071T and 0072T)*

CMS website accessed December 16, 2019

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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<td>L35008</td>
<td><em>Non-Covered Services</em></td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
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<td>L34555</td>
<td><em>Non-Covered Category III CPT Codes</em></td>
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### Attachment B - LCD Availability Grid

**Treatment of Endometrial Hyperplasia with IUD**

CMS website accessed December 16, 2019

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<tr>
<th>LCD ID</th>
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<th>Contractor</th>
<th>States</th>
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<td>A53043</td>
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<td>A55061</td>
<td><em>IUD (Hormone-Eluting) for Endometrial Hyperplasia - CPT 58999</em></td>
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<td><em>Billing and Coding: Endometrial Hyperplasia Treatment with Intrauterine Device (Hormone-Eluting)</em></td>
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</tbody>
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End of Attachment A

End of Attachment B