

# Uterine Services and Procedures

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Related Medicare Advantage Policy Guideline
• <a href="#">Diagnostic Pap Smears (NCD 190.2)</a>

## Coverage Guidelines

Uterine services and procedures are covered when Medicare coverage criteria are met.

### 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.

Refer to the [National Coverage Determination \(NCD\) for Diagnostic Pap Smears \(190.2\)](#). (Accessed September 1, 2021)

For screening Pap smears and pelvic examination for early detection of cervical or vaginal cancer, refer to the Coverage Summary titled [Preventive Health Services and Procedures](#).

### Gravlee Jet Washer

Gravlee Jet Washer is covered for diagnosis of a patient with heavy uterine bleeding for detection of endometrial cancer. Refer to the [NCD for Gravlee Jet Washer \(230.5\)](#). (Accessed September 1, 2021)

## 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. Refer to the [NCD for Vabra Aspirator \(230.6\)](#). (Accessed September 1, 2021)

## Therapeutic Embolization

Therapeutic embolization is covered for hemorrhage and other conditions amenable to this treatment. Refer to the [NCD for Therapeutic Embolization \(20.28\)](#). (Accessed September 1, 2021)

## Uterine Artery Embolization for Treatment of Uterine Fibroids (CPT code 37243)

Medicare has a general [NCD for Therapeutic Embolization \(20.28\)](#), 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.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Abnormal Uterine Bleeding and Uterine Fibroids](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## 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) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Abnormal Uterine Bleeding and Uterine Fibroids](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## 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.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Hysterectomy](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## 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 specific LCDs/LCAs, refer to the table for [Treatment of Endometrial Hyperplasia with IUD](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Abnormal Uterine Bleeding and Uterine Fibroids](#).

Note: After checking the [Treatment of Endometrial Hyperplasia with IUD](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

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. Refer to the Palmetto LCA for [Endometrial Hyperplasia Treatment \(A53043\)](#). (Accessed September 1, 2021)

## Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Treatment of Endometrial Hyperplasia with IUD				
Accessed September 1, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A55061	<a href="#">Billing and Coding: IUD (Hormone-Eluting) for Endometrial Hyperplasia - CPT 58999</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	CA, HI, NV, AS, GU, MP
A55062	<a href="#">Billing and Coding: IUD (Hormone-Eluting) for Endometrial Hyperplasia - CPT 58999</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY
A53043	<a href="#">Endometrial Hyperplasia Treatment</a>	Part A and B MAC	Palmetto GBA	NC, SC, VA, WV
A55951	<a href="#">Billing and Coding: Endometrial Hyperplasia Treatment with Intrauterine Device (Hormone-Eluting)</a>	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL, AR, AZ*, CA*, CO, CT, DE, FL, GA, HI*, IA, ID*, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT*, NC*, ND*, NE, NH, NJ, NM, NV*, OH, OK, OR*, PA, RI, SC*, SD*, TN, TX, UT*, VA*, VT, WA*, WI, WV*, WY*  Note: States notated with an asterisk (*) should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
A55951	<a href="#">Billing and Coding: Endometrial Hyperplasia Treatment with Intrauterine Device (Hormone-Eluting)</a>	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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## Policy History/Revision Information

Date	Summary of Changes
09/21/2021	<ul style="list-style-type: none"> <li>Routine review; no change to coverage guidelines</li> <li>Archived previous policy version MCS098.01</li> </ul>

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information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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