Hysteroscopy - Single Service

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

Specialty Area: Obstetrics and Gynecology
Guideline Name: Hysteroscopy - Single Service

Literature review current through: 10/27/2023
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Type: [**X**] Adult (18+ yo) | [_] Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Hysteroscopy

General Guidelines

- **Units, Frequency, & Duration:** The timing of the procedure is dependent upon a woman's menstrual cycle. For premenopausal women, a diagnostic hysteroscopy is recommended during the follicular phase of the menstrual cycle following menstruation. The procedure is recommended at any time for women with menses that are not on a regular cycle; the procedure should not be performed during active menses as visualization will be limited.[1]
- **Criteria for Subsequent Requests:** Approval when medical necessity criteria below are met.
- **Recommended Clinical Approach:** None.
- **Exclusions:** Pregnancy or active infection (including herpes).[1]

Medical Necessity Criteria

Indications

➔ **Hysteroscopy** is considered appropriate if **ANY** of the following is **TRUE**:[1-2]

- ◆ Diagnosis or management of **ANY** of the following:[1]
  - Abnormal bleeding as evidenced by **ANY** of the following:[3]
    - Premenopausal bleeding and **ANY** of the following:[4]
      - ◆ Anemia; **OR**
      - ◆ Blind endometrial sampling that is non-diagnostic or inadequate[5]; **OR**
      - ◆ Patient has a high risk of endometrial cancer and **ANY** of the following:[3,5-7]
        - Age 45 years or older[8]; **OR**
        - Diabetes; **OR**
        - Early age at menarche; **OR**
        - Family history of endometrial or colon cancer; **OR**
        - Late age at natural menopause; **OR**

- Long-term unopposed estrogen therapy[8]; **OR**
- Lynch syndrome; **OR**
- Nulliparity; **OR**
- Obesity; **OR**
- Polycystic ovary syndrome; **OR**
- Tamoxifen use; **OR**

◆ Medical treatment (e.g., hormone therapy) does not successfully treat heavy bleeding[9]; **OR**

◆ Uterine structural abnormalities as evidenced by **ANY** of the following:

- Cesarean scar defect[1,10]; **OR**
- Congenital uterine anomaly; **OR**
- Endometrial polyps[11]; **OR**
- Leiomyoma[12-13]; **OR**

○ Postmenopausal bleeding and **ANY** of the following:[14]

◆ Patient is on continuous hormone therapy and vaginal bleeding continues after 6 months; **OR**

◆ Patient is on cyclical hormone treatment and has unexpected vaginal bleeding; **OR**

◆ Patient has a high risk of endometrial cancer due to **ANY** of the following:[3,5-7]

- Age 45 years or older[8]; **OR**
- Diabetes; **OR**
- Early age at menarche; **OR**
- Family history of endometrial or colon cancer; **OR**
- Late age at natural menopause; **OR**
- Long-term unopposed estrogen therapy[8]; **OR**
- Lynch syndrome; **OR**
- Nulliparity; **OR**
- Obesity; **OR**
- Polycystic ovary syndrome; **OR**
- Tamoxifen use; **OR**

◆ Bleeding onset is one year or more after menstrual periods ended; **OR**

◆ Blind endometrial sampling that is non-diagnostic or inadequate[5]; **OR**

        - Endometrium thickness of 4mm or more as evidenced by transvaginal ultrasound[7,15]; **OR**
        - Polyp or other intracavitary lesion as evidenced by transvaginal ultrasound or sonohysterography[15]; **OR**
- Chronic pelvic pain evaluation required as evidenced by **ALL** of the following:[16]
    - Pain with a duration of six months or more; **AND**
    - Transvaginal ultrasound inconclusive; **OR**
- Endometrial evaluation has been completed and ablation is indicated as evidenced by **ALL** of the following:[17-18]
    - Absence of endometrial hyperplasia or uterine cancer on endometrial sampling; **AND**
    - Childbearing is no longer desired; **AND**
    - The shape of the uterus is normal (i.e., no septums or uterine anomalies); **AND**
    - Premenopausal bleeding and **ANY** of the following:
        - Anemia; **OR**
        - Medical treatment (e.g., hormone therapy) does not successfully treat heavy bleeding; **OR**
- Infertility and **ANY** of the following:[1,19-20]
    - The patient has had two or more failed clinical pregnancies prior to 20 weeks of gestation[20]; **OR**
    - The patient has had two or more failed in vitro fertilization cycles[21]; **OR**
    - The patient is under the age of 35 and is unable to conceive following one year or more of unprotected sexual intercourse[22]; **OR**
    - The patient is over the age of 35 and is unable to conceive following six months or more of unprotected sexual intercourse[22]; **OR**
    - To investigate a foreign body (known or suspected)[1]; **OR**
    - To investigate uterine structural abnormalities and **ANY** of the following:[20,23]
        - Endometrial polyps[24]; **OR**
        - Inability to conceive following prior cesarean birth (e.g., cesarean-induced isthmocele)[1]; **OR**
        - Leiomyoma[24]; **OR**
        - Uterine anomaly[25]; **OR**

- Detection of a malignancy/biopsy[1,26]; **OR**
- Lysis of intrauterine adhesions (Asherman syndrome)[20,27]; **OR**
- Division or resection of intravaginal/intrauterine septum when **ANY** of the following is **TRUE**:[28-29]
    - Presence of vaginal septum on examination; **OR**
    - Advanced imaging (e.g., hysterosalpingogram, sonohysterography, MRI) confirms presence of an uterine septum[30]; **OR**
- Removal of leiomyomata when **ALL** of the following are **TRUE**:[12-13]
    - Presence of a leiomyoma as evidenced by **ANY** of the following:
        - Infertility[24,30]; **OR**
        - Recurrent pregnancy loss[20]; **AND**
        - Abnormal uterine bleeding that does not resolve with conservative treatment (e.g., hormonal therapy, NSAIDs); **OR**
    - Imaging or diagnostic hysteroscopy confirms the presence of submucosal leiomyomas[20]; **OR**
- Removal of foreign bodies (e.g., intrauterine devices with nonvisualized strings or intrauterine devices that are malpositioned)[1]; **OR**
- Endometrial ablation**; OR**
- Bilateral fallopian tube cannulation**.**[1]

Non-Indications

➔ **Hysteroscopy** is not considered appropriate if **ANY** of the following is **TRUE**:

- Presence of **ANY** of the following contraindications:
    - Pregnancy; **OR**
    - Active pelvic infection[1]; **OR**
    - Women with prodromal or active herpes infection.[1]

Level of Care Criteria

Outpatient.

Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	Code Description
58555	Hysteroscopy, diagnostic (separate procedure)
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	Hysteroscopy, surgical; with removal of leiomyomata
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants

Medical Evidence

Bosteels et al. (2018) performed a meta-analysis on the efficacy of hysteroscopy for women with unexplained infertility. The procedure was indicated for women with endometrial polyps, submucous fibroids, uterine septum, or intrauterine adhesions. Hysteroscopy improved outcomes however, the authors note the need for additional research to study the rates of pregnancy among women with unexplained subfertility and submucous fibroids.[24]

National and Professional Organizations

The **American College of Obstetricians and Gynecologists (ACOG)** and the **American Association of Gynecologic Laparoscopists (AAGL)** published a Committee Opinion on *The Use of Hysteroscopy for the Diagnosis and Treatment of Intrauterine Pathology*. Recommendations for hysteroscopy are provided on the timing, patient selection, and advantages of the procedure.[1]

The **National Institute for Health and Care Excellence (NICE)** published a guideline on *Heavy Menstrual Bleeding: Assessment and Management*. Hysteroscopy is recommended as a first-line investigation and is preferred over pelvic ultrasound.[31]

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