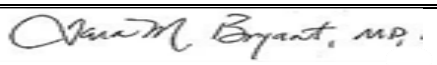
Intrauterine Device (IUD) for Endometrial Hyperplasia
UR Guidelines 032
Policy and Procedure

Department	Medical Management
Purpose	To establish medical necessity guidelines for IUD use for endometrial hyperplasia
Applicability	VIVA MEDICARE
Approved	
Approved	Tara Bryant, MD
Approver Title	Chief Medical Officer
Original Effective Date	11/29/22
Revision Date	12/19/23
Revision Number	2
Regulatory Requirement	

Policy:

This document applies to VIVA HEALTH, Inc., VIVA HEALTH Administration L.L.C. and Triton Health Systems, L.L.C. hereafter referred to as VIVA HEALTH.

IUD (Hormone-Eluting) for Endometrial Hyperplasia

Currently, Medicare does not allow payment for CPT code 58300, insertion of device (IUD) or contraceptive devices or medication.

After careful review by VIVA HEALTH Medical Directors, the insertion of a progestin-containing device (IUD) is an alternative method for managing endometrial hyperplasia (EH) in patients who are not reasonable surgical candidates or who wish to preserve fertility.

VIVA HEALTH has determined that the use of a progestin containing IUD may be approved for use in patients with endometrial hyperplasia.

Since the CPT code for IUD insertion will be auto-denied, providers should bill this service using CPT code 58999, the appropriate diagnoses listed in this article and the product description "hormone IUD for endometrial hyperplasia" in Item 19 of the CMS-1500 form or the electronic equivalent.

Coverage for this method of treatment must be reasonable and necessary for the diagnosis, or treatment of illness, or to improve the functioning of the patient's clinical condition, the standard of medical practice regarding the effectiveness of the IUD for the diagnosis and condition and meet all other applicable Medicare statutory and regulatory requirements.

The patient's medical record must clearly document the specific clinical circumstances supporting the medical necessity for services included within Article A55951

- Evaluation to include abnormal uterine bleeding,
- Evaluation should not be performed without complaint of post-menopausal bleeding,
- Evidence of transvaginal ultrasound on file with documented stripe greater than 4mm.
- Pathology biopsy report:
    1. Simple/benign hyperplasia: a progesterone IUD is a reasonable treatment option.
        a. A Copper IUD is not a reasonable treatment option.
    2. EIN/complex EH: documentation supports patient is a poor surgical candidate. Current nonsurgical management options are limited to hormonal therapy.

Since the IUD will be billed with the procedure code 58999, Health Services will process the request as a surgical authorization.

ICD-10-CM Codes that Support Medical Necessity
Dual diagnosis required

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

Dual diagnosis required

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
N93.9	Abnormal uterine and vaginal bleeding, unspecified

Group 2 Paragraph:

AND

One of the following:

Group 2 Codes: (2 Codes)

CODE	DESCRIPTION
N85.00	Endometrial hyperplasia, unspecified
N85.01	Benign endometrial hyperplasia

References

The above policy is based on the following references:

1. National Center for Biotechnology Information. Levonorgestrel-releasing intrauterine system (Mirena) in compare to medroxyprogesterone acetate as a therapy for endometrial hyperplasia. J Res Med Sci. 2014 Aug; 19(8): 686–690.
2. Horn et al., 2004. L.-C. Horn, U. Schnurrbusch, K. Bilek, *et al.* Risk of progression in complex and atypical endometrial hyperplasia: clinicopathologic analysis in cases with and without progestogen treatment.