Medical Coverage Policy | Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome

EFFECTIVE DATE: 12|01|2014
POLICY LAST UPDATED: 11|06|2018

OVERVIEW

Pelvic congestion syndrome is characterized by chronic pelvic pain that often is aggravated by standing; diagnostic criteria for this condition are not well-defined. Embolization of the ovarian and internal iliac veins has been proposed as a treatment for patients who fail medical therapy with analgesics.

MEDICAL CRITERIA

None

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

BlueCHiP for Medicare

Embolization of the ovarian vein and internal iliac veins is considered not covered as a treatment of pelvic congestion syndrome as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

Embolization of the ovarian vein and internal iliac veins is considered not medically necessary as a treatment of pelvic congestion syndrome as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Book, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND

Pelvic congestion syndrome is characterized by chronic pelvic pain that is often aggravated by standing; diagnostic criteria for this condition are not well-defined. Embolization of the ovarian and internal iliac veins has been proposed as a treatment for patients who fail medical therapy.

For individuals who have pelvic congestion syndrome who receive ovarian and/or internal iliac vein embolization, the evidence includes case series and a systematic review. Relevant outcomes are symptoms and treatment-related morbidity. According to a systematic review of case series data, approximately 80% of patients have reported some degree of symptom relief 12 months after ovarian and/or internal iliac vein embolization. It is difficult to draw conclusions from these data because of a lack of a placebo control or comparative data from alternative interventions. Moreover, definitions of pelvic congestion syndrome vary, making it challenging to clearly define a patient population with symptoms arising from pelvic congestion. Randomized controlled trials using well-defined eligibility criteria are needed. The evidence is insufficient to determine the effects of the technology on health outcomes, thus the treatment is considered not medically necessary.

CODING

The following CPT code is not covered for BlueCHiP for Medicare and not medically necessary for commercial products when filed with the diagnosis codes listed below:

37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)

ICD-10 code N94.89

RELATED POLICIES

None

PUBLISHED

Provider Update, February 2019
Provider Update, October 2017
Provider Update, November 2016
Provider Update, April 2015
Provider Update, January 2015

REFERENCES

1. Kies DD, Kim HS. Pelvic congestion syndrome: a review of current diagnostic and minimally invasive treatment modalities. Phlebology 2012; 27(Suppl 1):52-7.

2. Mahmoud O, Vikatmaa P, Aho P, et al. Efficacy of endovascular treatment for pelvic congestion syndrome. J Vasc Surg Venous Lymphat Disord. Jul 2016;4(3):355-370. PMID 27318059

3. Monedero JL, Ezpeleta SZ, Perrin M. Pelvic congestion syndrome can be treated operatively with good long-term results. Phlebology 2012; 27 Suppl 1:65-73.

4. Naoum JJ. Endovascular therapy for pelvic congestion syndrome. Methodist Debakey Cardiovasc J 2009; 5(4):36-8.

5. Gandini R, Chiocchi M, Konda D et al. Transcatheter foam sclerotherapy of symptomatic female varicocele with sodium-tetradecyl-sulfate foam. Cardiovasc Intervent Radiol 2008; 31(4-Jan):778-84.

6. Hocquelet A, Le Bras Y, Balian E et al. Evaluation of the efficacy of endovascular treatment of pelvic congestion syndrome. Diagn Interv Imaging 2014; 95(3):301-6.

7. Kim HS, Malhotra AD, Rowe PC et al. Embolotherapy for pelvic congestion syndrome: long-term results. J Vasc Interv Radiol 2006; 17(2 pt 1):289-97.

8. Kwon SH, Oh JH, Ko KR et al. Transcatheter ovarian vein embolization using coils for the treatment of pelvic congestion syndrome. Cardiovasc Intervent Radiol 2007; 30(4):655-61.

9. Nasser F, Cavalcante RN, Affonso BB et al. Safety, efficacy, and prognostic factors in endovascular treatment of pelvic congestion syndrome. Int J Gynaecol Obstet 2014; 125(1):65-8.

10. Laborda A, Medrano J, de Blas I et al. Endovascular Treatment of Pelvic Congestion Syndrome: Visual Analog Scale (VAS) Long-Term Follow-up Clinical Evaluation in 202 Patients. Cardiovasc Intervent Radiol 2013.

11. Tu FF, Hahn D, Steege JF. Pelvic congestion syndrome-associated pelvic pain: a systematic review of diagnosis and management. Obstet Gynecol Surv 2010; 65(5):332-40.

12. Ball E, Khan KS, Meads C. Does pelvic venous congestion syndrome exist and can it be treated? Acta Obstet Gynecol Scand 2012; 91(5):525-8.