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



**EFFECTIVE DATE:** 12 | 01 | 2014 **POLICY LAST UPDATED:** 09 | 17 | 2019

## **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, November 2019 Provider Update, February 2019 Provider Update, October 2017 Provider Update, November 2016 Provider Update, April 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.
- 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.

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