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



**EFFECTIVE DATE:** 11/4/14

POLICY LAST UPDATED: 10 | 01 | 2013

### **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.

# PRIOR AUTHORIZATION

No Preauthorization is needed

## **POLICY STATEMENT**

BlueCHiP for Medicare and Commercial:

Embolization of the ovarian vein and internal iliac veins is considered not medically necessary as a treatment of pelvic congestion syndrome because the available literature regarding embolization therapy for the treatment of pelvic congestion syndrome consists of case series and is inadequate to draw clinical conclusions.

# **MEDICAL CRITERIA**

None

# **BACKGROUND**

Pelvic congestion syndrome is a condition of chronic pelvic pain of variable location and intensity, which is associated with dyspareunia and postcoital pain and aggravated by standing. The syndrome occurs during the reproductive years, and pain is often greater before or during menses. The underlying etiology is thought to be related to variees of the ovarian veins,

leading to pelvic congestion. As there are many etiologies of chronic pelvic pain, the pelvic congestion syndrome is often a diagnosis of exclusion, with the identification of varices using a variety of imaging methods, such as magnetic resonance imaging, computed tomography scanning, or contrast venography. For those who fail medical therapy with analgesics,

surgical ligation of the ovarian vein has been considered. More recently, embolization therapy of the ovarian and internal iliac veins has been proposed. Vein

embolization can be performed using a variety of materials including coils, glue, and gel foam.

Randomized controlled studies using well-defined diagnostic criteria are required to establish the safety and efficacy of this procedure. The available literature regarding embolization therapy for the treatment of pelvic congestion syndrome consists of case series and is inadequate to draw clinical conclusions; thus the treatment is considered not medically necessary.

### **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary

### CODING

BlueCHiP for Medicare and Commercial:

The following nonspecific CPT codes are not medically necessary when filed with ICD9 code 625.5 or ICD 10 code N98.86, selective branch, for the treatment of Pelvic Congestion Syndrome;

36012:

37241:

#### **RELATED POLICIES**

None

#### **PUBLISHED**

Provider Update Jan 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. 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.
- Naoum JJ. Endovascular therapy for pelvic congestion syndrome. Methodist Debakey Cardiovasc J 2009; 5(4):36-8.
- 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
- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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.
- 10. 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.
- 11. 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.

----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS