



# MASSACHUSETTS

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## Medical Policy

# Ovarian and Internal Iliac Vein Endovascular Occlusion as a Treatment of Pelvic Congestion Syndrome

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### Policy Number: 266

BCBSA Reference Number: 4.01.18

NCD/LCD: NA

### Related Policies

- Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion to Treat Uterine Fibroids, #[242](#)
- Treatment of Varicose Veins/Venous Insufficiency, #[238](#)

### Policy

## Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

Endovascular occlusion of the ovarian vein and internal iliac veins is considered [INVESTIGATIONAL](#) as a treatment of pelvic congestion syndrome.

### Prior Authorization Information

#### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
<b>Commercial Managed Care (HMO and POS)</b>	This is <b>not</b> a covered service.
<b>Commercial PPO and Indemnity</b>	This is <b>not</b> a covered service.
<b>Medicare HMO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.
<b>Medicare PPO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.

## CPT Codes / HCPCS Codes / ICD Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

### CPT Codes

CPT codes:	Code Description
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation

### ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
N94.89	Other specified conditions associated with female genital organs and menstrual cycle

## Description

### Pelvic Congestion Syndrome

Pelvic congestion syndrome is a chronic pelvic pain syndrome 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 varices of the ovarian veins, leading to pelvic vascular congestion. Because 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, or contrast venography. However, the syndrome is still not well-defined, and it is unclear whether pelvic congestion syndrome causes chronic pelvic pain.<sup>1</sup> Although venous reflux is common, not all women with this condition experience chronic pelvic pain and, conversely, chronic pelvic pain is reported by women without pelvic congestion syndrome.

### Treatment

Initial treatment of pelvic congestion syndrome includes psychotherapy and medical therapy (eg, nonsteroidal anti-inflammatory drugs) and hormonal therapy. For patients who fail initial therapy, surgical ligation of the ovarian vein may be considered. Embolization therapy and/or sclerotherapy of the ovarian and internal iliac veins has been proposed as an alternative to surgical ovarian vein ligation. Endovascular occlusion can be performed using a variety of materials including coils, vascular plugs, glue, liquid embolic agents, and gelatin sponge or powder (Gelfoam).

## Summary

### Description

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

### Summary of Evidence

For individuals who have pelvic congestion syndrome who receive ovarian and/or internal iliac vein endovascular occlusion, the evidence includes randomized studies, comparative studies, case series and systematic reviews. Relevant outcomes are symptoms and treatment-related morbidity. According to systematic reviews of case series data, approximately 86.6%, 88.1%, and 91.5% of patients have reported some degree of symptom relief after ovarian and/or internal iliac vein endovascular occlusion at short-term, long-term, or overall follow-up. In a randomized trial of embolization with vascular plugs or coils in patients with pelvic congestion syndrome, adverse events were reported in 22% and 10% of patients, respectively. A retrospective analysis comparing coil embolization to endoscopic resection determined that resection is associated with significantly shorter times to postprocedural pain relief and avoidance of postembolization syndrome. Moreover, definitions of pelvic congestion syndrome vary, making it challenging to define a patient population with symptoms arising from pelvic congestion. Randomized controlled trials using well-defined eligibility criteria and relevant comparators are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

## Policy History

Date	Action
10/2020	BCBSA National medical policy review. Description, summary, and references updated. Policy statement(s) unchanged.
10/2019	BCBSA National medical policy review. Policy title and language revised from embolization to endovascular occlusion to clarify policy inclusion of both embolization and sclerotherapy treatment strategies. Policy statement otherwise unchanged.
10/2018	BCBSA National medical policy review. No change to policy statement. New references added.
10/2016	New references added from BCBSA National medical policy.
9/2014	New references added from BCBSA National medical policy.
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
1/2014	Updated to add new CPT codes 37241 and 37242 and remove deleted code 37204.
6/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
9/2011	Reviewed - Medical Policy Group – Urology, Obstetrics and Gynecology. No changes to policy statements.
10/2010	Reviewed - Medical Policy Group - Obstetrics and Gynecology. No changes to policy statements.
9/1/2010	Medical policy 266 created.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

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