

MEDICAL POLICY

POLICY TITLE	OVARIAN AND INTERNAL ILIAC VEIN EMBOLIZATION AS A TREATMENT OF PELVIC CONGESTION SYNDROME
POLICY NUMBER	MP- 1.116

Original Issue Date (Created):	August 28, 2009
Most Recent Review Date (Revised):	September 24, 2013
Effective Date:	November 1, 2013

I. POLICY

Embolization of the ovarian vein and internal iliac veins for the treatment of pelvic congestion syndrome is considered **investigational** as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-reference

MP-7.007 Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion to Treat Uterine Fibroids

II. PRODUCT VARIATIONS

[N] = No product variation, policy applies as stated

[Y] = Standard product coverage varies from application of this policy, see below

[N] Capital Cares 4 Kids

[N] Indemnity

[N] PPO

[N] SpecialCare

[N] HMO

[N] POS

[N] SeniorBlue HMO

[Y] FEP PPO*

[N] SeniorBlue PPO

* Refer to FEP Medical Policy Manual MP-4.01.18 Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome. The FEP Medical Policy manual can be found at:

<http://bluewebportal.bcbs.com/landingpagelevel3/504100?docId=23980>

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III. DESCRIPTION/BACKGROUND

Pelvic congestion syndrome is characterized by chronic pelvic pain which often is aggravated by standing; diagnostic criteria 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

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. The underlying etiology is thought to be related to varices 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 (MRI), computed tomography (CT) scanning, or contrast venography. For those who fail medical therapy, 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.

IV. DEFINITIONS

DYSPAREUNIA is pain in the labia, vagina, or pelvis during or after sexual intercourse.

THERAPEUTIC EMBOLIZATION is the obstruction of a blood vessel by intentionally injected material.

VARICES are tortuous, dilated veins.

V. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

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VI. DISCLAIMER

Capital’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. REFERENCES

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Creton D, Hennequin L, Kohler F, Allaert FA. Embolisation of symptomatic pelvic veins in women presenting with non-saphenous varicose veins of pelvic origin - three-year follow-up. Eur J Vasc Endovasc Surg. 2007; 34(1):112-117.

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http://www.sirweb.org/news/newsPDF/facts/Pelvic_Congestion_-_Pelvic_Pain_fact_sheet.pdf. Accessed June 21, 2013.

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.

VIII. CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Embolization of the ovarian vein and internal iliac veins for the treatment of pelvic congestion syndrome is considered **investigational**; therefore the following codes are **not covered** when used for embolization of the ovarian and internal iliac veins for the treatment of pelvic congestion syndrome:

CPT Codes®							
37204	37241	37242	37243	37244			

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IX. POLICY HISTORY

MP-1.116	CAC 7/28/09 – New Policy
	CAC 11/30/10 Consensus review.
	CAC 11/22/11 Consensus Review
	7/24/13 Admin coding review complete--rsb
	CAC 9/24/13 Consensus Review. No change to policy statements. References updated.
	12/19/2013- New 2014 Code updates made.

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