APPENDIX to Pelvic Congestion Syndrome Embolization Treatment of the Ovarian Vein and Internal Iliac Veins Policy

Prior Authorization Requirements

This service (or procedure) is considered **investigational** in all instances. If you would like to submit additional information please forward to the Prior Authorization Department.

Within five days before the actual date of service, the Provider MUST confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should also be directed to the Prior Authorization Department. Please call 1-800-541-6652 or visit the Provider Portal www.blueshieldca.com/provider.

Evidence Basis for the Policy

Rationale

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 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 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.

This policy was created in 2004 and was updated regularly with searches of the MEDLINE database. The most recent literature search was performed for the period March 2011 through March 2012. Following is a summary of the key literature to date:

No randomized controlled trials have been published comparing embolization therapy for pelvic congestion syndrome to an alternative or sham/placebo treatment. Randomized controlled trials are especially needed in situations such as this where the primary symptom is pain, a subjective

outcome for which a placebo response to treatment is likely. The published studies consist of case series, most of which were retrospective and conducted outside of the United States (Naoum, 2009; Kies and Kim, 2012).

In addition to the efficacy of embolization for treating pelvic congestion syndrome, the published literature has addressed the issue of diagnosis of pelvic congestion syndrome and whether it causes pelvic pain. In his 2009 review article, Naoum, a U.S.-based vascular surgeon, stated that venography is considered the gold standard for diagnosing pelvic congestion syndrome but that other types of diagnostic imaging, such as ultrasound and/or CT scan, are also used. He added that a diagnostic algorithm to guide patient management still needs to be developed. Similarly, in 2010, Tu and colleagues published a systematic review of literature on the diagnosis and management of pelvic congestion syndrome. The authors commented that studies have rarely specified explicit diagnostic criteria for pelvic congestion syndrome and that definitions of pelvic pain have varied widely among studies. Moreover, most studies have not used objective outcome measures.

A 2012 review article by Ball and colleagues stated that the issue of whether pelvic congestion syndrome causes chronic pelvic pain is still a matter of debate. The authors noted that although venous reflux is common, not all women with this condition experience chronic pelvic pain. Additionally, chronic pelvic pain is reported by women without pelvic congestion syndrome. The authors recommended a systematic review of evidence on the causal link between pelvic congestion syndrome and chronic pelvic pain. They stated that, if causation is established, well-designed randomized controlled trials evaluating embolization therapy may be needed.

Practice Guidelines and Position Statements

The American College of Obstetricians and Gynecologists (ACOG) has no relevant policy positions on embolization for treating pelvic congestion syndrome on the organization's website. The Society of Interventional Radiology (SIR) has a fact sheet on chronic pelvic pain in women which endorses coil embolization as an effective treatment option for pelvic congestion syndrome.

Summary

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 is inadequate to draw clinical conclusions; thus the treatment is considered investigational.

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program (FEP)) prohibit Plans from denying Food and Drug Administration (FDA) - approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

This Policy relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement.

Type	Number	Description
CPT	36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus) [when specified as ovarian and internal iliac vein embolization]
	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) [when specified as ovarian and internal iliac vein embolization]
	75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation [when specified as ovarian and internal iliac vein embolization]
HCPC	None	
ICD9 Procedure	99.29	Injection or infusion of other therapeutic or prophylactic substance
ICD9 Diagnosis	All Diagnoses	
Place of Service	All Places of Service	

Tables

N/A

Definitions

N/A

Index / Cross Reference of Related BSC Medical Policies

The following Medical Policies share diagnoses and/or are equivalent BSC Medical Policies:

- Uterine Artery Embolization

Key / Related Searchable Words

- Chronic pain, pelvic
- Chronic pelvic pain
- Dysmenorrhea
- Embolization therapy
- Female pelvic congestion
- Internal iliac veins
- Ovarian and internal iliac vein embolization
- Ovarian vein
- PCS
- Pelvic congestion syndrome
- Pelvic varices
- Pelvic venous incompetence
- Pelvic venous insufficiency
- Varices
- Venography

References

- Ball E, Khan KS, Meads C. Does pelvic congestion syndrome exist and can it be treated? Acta Obstet Gynecol Scand. 2012 [Epub ahead of print].
- Blue Cross Blue Shield Association. Medical Policy Reference Manual, No. 4.01.18 (May 2012).
- Kies DD, Kim HS. Pelvic congestion syndrome: a review of current diagnostic and minimally invasive treatment modalities. Phlebology. 2012; 27(Suppl 1):52-7.
- Naoum JJ. Endovascular therapy for pelvic congestion syndrome. Methodist Debakey Cardiovasc J. 2009; 5(4):36-8.

- Society of Interventional Radiology (SIR). Patient Information Sheet on Pelvic Congestion Syndrome. Retrieved April 25, 2012 from http://www.sirweb.org/patients/chronic-pelvic-pain/.
- 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.

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action	Reason
7/6/2012	BCBSA Medical Policy Adoption	Medical Policy Committee
5/2/2014	Coding Update	Administrative Review

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the policy statement for this policy

An Independent Member of the Blue Shield Association