blue of california

Medical Policy

Pelvic Congestion Syndrome Embolization Treatment of the Ovarian Vein and Internal Iliac Veins	
Type: Investigational / Experimental	**Policy Specific Section:** Surgery
Original Policy Date: July 6, 2012	**Effective Date:** May 2, 2014

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

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. Embolization of the ovarian vein and internal iliac veins has been proposed as a treatment for patients who fail medical therapy with analgesics. The embolization procedure when performed on the internal iliac veins

has been done on an outpatient basis. The procedure when performed on the ovarian vein may require an overnight hospital stay.

Policy

Embolization of the ovarian vein and internal iliac veins is considered **investigational** as a treatment of pelvic congestion syndrome.

Policy Guideline

There are no specific CPT codes for this procedure. The following non-specific CPT codes may be used when specified as embolization of the ovarian vein and internal iliac veins:

- 36012**:** Selective catheter placement, venous system: second order or more selective, branch
- 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 (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) [Effective 1/1/2014]
- 75894**:** Transcatheter therapy, embolization, any method, radiological supervision and interpretation

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• No records required

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 appendix for this policy

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