

Corporate Medical Policy

Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis

File Name: diagnosis_and_treatment_chronic_cerebrospinal_venous_insufficiency_in_multiple_sclerosis
Origination: 8/2011
Last CAP Review: N/A
Next CAP Review: 3/2012
Last Review: 8/2011

Description of Procedure or Service

Questions are being asked about the possible role of chronic cerebrospinal venous insufficiency (CCSVI) in the pathogenesis of multiple sclerosis (MS), and correction of CCSVI is being evaluated as a possible treatment for MS. Correction of CCSVI may be referred to as the "Liberation Procedure."

Background

Multiple sclerosis (MS) is generally considered a chronic inflammatory demyelinating disease of the central nervous system (brain, spinal cord, optic nerve) felt to be triggered by an autoimmune response to myelin.

However, in part due to the periventricular predilection of the lesions of multiple sclerosis, vascular etiologies (chronic cerebrospinal venous insufficiency [CCSVI]) have also been considered. An animal model for MS was developed by injecting obstructing agents into the venous sinuses. This etiology, and treatment approach, for MS had not been actively pursued for many years; recent reports by a European researcher have renewed interest in this topic.

The core foundation of this vascular theory is that there is abnormal venous drainage from the brain due to outflow obstruction in the draining jugular vein and/or azygos veins. This abnormal venous drainage, which is characterized by special ultrasound criteria is said to cause intracerebral flow disturbance or outflow problems that lead to periventricular deposits. In the CCSVI theory, these deposits have a similarity to the iron deposits seen around the veins in the legs in patients with chronic deep vein thrombosis. Those studying this theory have promoted balloon dilatation, with or without stenting, to treat the outflow problems, thereby curing CCSVI and by the same token alleviating MS complaints.

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

Identification and subsequent treatment of chronic cerebrospinal venous insufficiency (CCSVI) in patients with multiple sclerosis is considered investigational for all applications. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's

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Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Diagnosis and Treatment of Chronic Cerebral Venous Insufficiency in Multiple Sclerosis is covered

Not applicable.

When Diagnosis and Treatment of Chronic Cerebral Venous Insufficiency in Multiple Sclerosis is not covered

The identification and subsequent treatment of chronic cerebrospinal venous insufficiency (CCSVI) in patients with multiple sclerosis is considered **investigational**.

Policy Guidelines

The relationship between CCSVI and MS is not certain, and the impact of treating CCSVI on outcomes of MS is not known. Given the minimal and conflicting data available to date on CCSVI in MS, a number of studies are underway. These randomized, blinded comparative studies are evaluating not only the diagnostic approach to CCSVI, but are also evaluating potential treatment of CCSVI.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 35460, 35476, 75978

Diagnoses that are subject to medical necessity review: 340

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.56, 6/9/2011

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Medical Director – 8/2011

Policy Implementation/Update Information

8/30/11 New policy. The identification and subsequent treatment of chronic cerebrospinal venous insufficiency (CCSVI) in patients with multiple sclerosis is considered **investigational**. Medical Director review 8/6/11. Notification given 8/30/11. Policy effective 12/6/11.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.