

## Corporate Medical Policy

### Ovarian and Internal Iliac Vein Embolization

**File Name:** ovarian\_and\_internal\_iliac\_vein\_embolization  
**Origination:** 12/2004  
**Last CAP Review:** 3/2012  
**Next CAP Review:** 3/2013  
**Last Review:** 3/2012

#### Description of Procedure or Service

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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, 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.

#### Related Guideline

Uterine Artery Occlusion in the Treatment of Uterine Fibroids

**\*\*\*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

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**Ovarian and Internal Iliac Vein Embolization is considered investigational as a treatment of Pelvic Congestion Syndrome. BCBSNC does not provide coverage for investigational services or procedures.**

#### Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's 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 Ovarian and Internal Iliac Vein Embolization is covered

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Not applicable.

# Ovarian and Internal Iliac Vein Embolization

## When Ovarian and Internal Iliac Vein Embolization is not covered

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

## Policy Guidelines

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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.

## Billing/Coding/Physician Documentation Information

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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](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes:* no specific code

*There is no specific code for this procedure, however it might be reported using CPT codes 75894 and 37204 in combination with diagnosis code 625.5.*

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

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ECRI Hotline Response - Coil Embolization of the Ovarian Vein for Pelvic Congestion Syndrome (12/12/2003) retrieved on 10/6/04 from [http://www.ta.ecri.org/Hotline/Prod/summary/detail.aspx?doc\\_id=7214&q=%22pelvic+congestion+syndrome&anm](http://www.ta.ecri.org/Hotline/Prod/summary/detail.aspx?doc_id=7214&q=%22pelvic+congestion+syndrome&anm)

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.18, 4/16/04.

Specialty Matched Consultant Advisory Panel -12/2004.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.18, 3/7/06.

Specialty Matched Consultant Advisory Panel -12/13/2006

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.18, 8/2/07.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.18, 8/14/08.

Specialty Matched Consultant Advisory Panel - 12/2008

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.18, 5/13/2010

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.18, 5/12/2011

Specialty Matched Consultant Advisory Panel – 3/21/12

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## Policy Implementation/Update Information

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- 2/23/04 Specialty Matched Consultant Advisory Panel review 12/9/04. Notification of new policy indicating that ovarian and internal iliac vein embolization for pelvic congestion syndrome is investigational. Notification given 12/23/04. Effective date 3/3/05.
- 1/17/07 Specialty Matched Consultant Advisory Panel review 12/13/2006. No changes to criteria. Reference sources added. (pmo)
- 1/12/09 Reference sources added. No changes to criteria. Specialty Matched Consultant Advisory Panel review 12/2008. (pmo)
- 6/8/10 Coding information added to the Billing/Coding section. There is no specific CPT code for this procedure, however CPT 75894 and 37204 might be used. (adn)
- 6/22/10 Policy Number(s) removed (amw)
- 1/18/2011 Description section revised. Policy statement reworded but intent is unchanged. Policy Guidelines updated. Specialty Matched Consultant Advisory Panel review 12/16/2010. Policy accepted as written. (adn)
- 4/17/12 Specialty Matched Consultant Advisory Panel review. Added Related Guideline. Updated Policy Guidelines. No change to policy intent 3/21/12. (sk)

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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.