



Corporate Medical Policy

Ovarian and Internal Iliac Vein Embolization

File Name: ovarian_and_internal_iliac_vein_embolization
Policy Number: OBGYN3059
Origination: 12/2004
Last Review: 12/2008
Next Review: 12/2010

Description of Procedure or Service

Pelvic congestion syndrome is a condition of chronic pelvic pain accompanied by a heavy feeling in the lower abdomen that generally becomes worse in the [premenstrual](#) phase. The pain varies in intensity and increases with standing for long periods of time, fatigue, and sexual activity. The syndrome occurs during the reproductive years, but unlike [endometriosis](#) is not related to [parity](#). 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, 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.

Embolization therapy involves threading a catheter, guided by X-ray imaging, through the groin to the selected vein, tiny stainless steel coils and/or absorbable sponges, or liquids such as glue are passed through the catheter into the vein to block the damaged vein. The selected varicose vein is closed off and the pressure and congestion is eliminated. Once the damaged vein is closed off, healthy veins take over and regulate the blood flow in the pelvic area.

Embolization of the ovarian vein may require an overnight hospital stay. Embolization of the internal iliac veins has been performed on an outpatient basis.

Policy

BCBSNC will not provide coverage for Ovarian and Internal Iliac Vein Embolization for Pelvic Congestion Syndrome. This is considered investigational. BCBSNC does not cover investigational services.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When Ovarian and Internal Iliac Vein Embolization is covered

Not applicable.

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When Ovarian and Internal Iliac Vein Embolization is not covered

It is not covered. It is considered investigational and BCBSNC does not cover investigational services.

Policy Guidelines

There is insufficient or inconclusive medical and scientific evidence to permit the Plan to evaluate the therapeutic value of the service, procedure or supply. (Refer to separate policy number ADM9051, Investigational (Experimental) Services.)

There is inconclusive medical and scientific evidence in peer-reviewed medical literature that the service, procedure or supply has a beneficial effect on health outcomes. (Refer to separate policy number ADM9051, Investigational (Experimental) Services.)

The published data regarding embolization therapy for pelvic congestion syndrome are inadequate to permit scientific conclusions, due to small sample sizes, lack of control groups, lack standardized diagnostic criteria, and the predominant use of patient self-assessed, subjective outcome measures. Additional data from larger randomized control studies are required to establish safety and efficacy of this procedure.

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 codes:

There is no specific code for this procedure. When reporting this service the appropriate "Unlisted Procedure" code should be used.

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.

Policy Key Words

Key Words: Chronic pelvic pain syndrome, Pelvic pain, Pelvic veins, Pelvic congestion, OBGYN3059

Medical Term Definitions

Endometriosis

a condition in which tissue containing typical endometrial granular and stromal elements occurs aberrantly in various locations in the pelvic cavity or some other area of the body.

Parity

the condition of a woman with respect to her having borne viable offspring.

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Premenstrual

occurring before menstruation.

Varices

enlarged and twisted veins, arteries or lymphatic vessels.

Scientific Background and Reference Sources

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

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

Policy Implementation/Update Information

12/23/04 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.

1/12/09 Reference sources added. No changes to criteria. Specialty Matched Consultant Advisory Panel review 12/2008.

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.