Ovarian and Internal Iliac Vein Embolization

Description of Procedure or Service

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.

***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

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

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

Not applicable.

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

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

Policy Guidelines

For individuals who have pelvic congestion syndrome who receive ovarian and/or internal iliac vein embolization, the evidence includes case series and a systematic review. Relevant outcomes are symptoms and treatment-related morbidity. According to a systematic review of case series data, approximately 80% of patients reported some degree of symptom relief 12 months after ovarian and/or internal iliac vein embolization. It is not possible to draw conclusions from these data because of a lack of a placebo control or comparative data from alternative interventions. Moreover, definitions of pelvic congestion syndrome vary, making it difficult to clearly define a patient population with symptoms arising from pelvic congestion. Randomized controlled trials using well-defined eligibility criteria are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

 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.

There are no specific CPT codes for this procedure. The following nonspecific CPT codes may be used: 36012 and 37241.

ICD-9 diagnosis code: 625.5

ICD-10 diagnosis codes: N94.89

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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Policy Implementation/Update Information


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)


4/16/13 Specialty Matched Consultant Advisory Panel review 3/20/13. No change to Policy statement. (sk)

7/1/13 Reference added. Updated Billing/Coding section, adding code 36012. No change to Policy statement. ICD-10 diagnosis codes added to Billing/Coding section. (sk)

12/31/13 Coding update. CPT 37204 deleted. CPT 37243 added. (sk)


8/26/14 Reference added. No change to Policy statement. (sk)


7/28/15 Reference added. Related Guideline removed. (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.