

POLICY TITLE	OVARIAN AND INTERNAL ILIAC VEIN ENDOVASCULAR OCCLUSION AS A TREATMENT OF PELVIC CONGESTION SYNDROME
POLICY NUMBER	MP- 1.116

Original Issue Date (Created):	8/31/2009
Most Recent Review Date (Revised):	7/14/2020
Effective Date:	10/1/2020

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I. POLICY

Endovascular occlusion of the ovarian vein and internal iliac veins for the treatment of pelvic congestion syndrome is considered **investigational** as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital BlueCross please see additional information below, and subject to benefit variations as discussed in Section VI below.

*Note** - The Federal Employee Program (FEP) Service Benefit Plan does not have a medical policy related to these services.

III. DESCRIPTION/BACKGROUND

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Pelvic congestion syndrome

Pelvic congestion syndrome is a chronic pelvic pain syndrome 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 vascular congestion. Because 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, computed tomography scanning, or contrast venography. However, the syndrome is still not well defined and it is unclear whether pelvic congestion syndrome causes chronic pelvic pain. Although venous reflux is common, not all women with this condition experience chronic pelvic pain and, conversely, chronic pelvic pain is reported by women without pelvic congestion syndrome.

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Treatment

Initial treatment of pelvic congestion syndrome includes psychotherapy and medical therapy (e.g., nonsteroidal anti-inflammatory drugs) and hormonal therapy. For patients who fail initial therapy, surgical ligation of the ovarian vein may be considered. Embolization therapy and/or sclerotherapy of the ovarian and internal iliac veins has been proposed as an alternative to surgical ovarian vein ligation. Endovascular occlusion can be performed using a variety of materials including coils, vascular plugs, glue, liquid embolic agents, and gelatin sponge or powder (Gelfoam).

Regulatory Status

Ovarian and internal iliac vein embolization is a surgical procedure and as such is not subject to regulation by U.S. Food and Drug Administration.

Various products (eg, coils, vascular plugs, glue, liquid embolic agents, Gelfoam) and/or delivery-assist devices would be used to embolize the vein(s), and they would be subject to Food and Drug Administration regulation. Several products have been cleared for marketing by the Food and Drug Administration through the 510(k) process for uterine fibroid embolization (eg, Embosphere® Microspheres, Cook Incorporated Polyvinyl Alcohol Foam Embolization Particles) and/or embolization of hypervascular tumors and arteriovenous malformations (eg, Contour® Emboli PVA). Several embolization delivery systems have also been cleared via the 510(k) process for arterial and venous embolization in the peripheral vasculature featuring vascular plugs (eg, ArtVentive Medical Group, Inc. Endoluminal Occlusion System [EOS™]) or coils (eg, Cook Incorporated MReye® Flipper®). FDA product code: KRD.

In November 2004, the sclerosant agent Sotradecol® (sodium tetradecyl sulfate injection) was approved by the U.S. Food and Drug Administration for use in the treatment of small uncomplicated varicose veins of the lower extremities that show simple dilation with competent valves (ANDA 040541).

IV. RATIONALE

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Summary of Evidence

For individuals who have pelvic congestion syndrome who receive ovarian and/or internal iliac vein endovascular occlusion, 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 have reported some degree of symptom relief 12 months after ovarian and/or internal iliac vein endovascular occlusion. It is difficult to draw conclusions from these data because of a lack of a placebo control or comparative data from current alternative interventions. Moreover, definitions of pelvic congestion syndrome vary, making it challenging to define a patient population with symptoms arising from pelvic

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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.

V. DEFINITIONS

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DYSPAREUNIA is pain in the labia, vagina, or pelvis during or after sexual intercourse.

THERAPEUTIC EMBOLIZATION is the obstruction of a blood vessel by intentionally injected material.

VARICES are tortuous, dilated veins.

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

VII. DISCLAIMER

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Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

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Endovascular occlusion of the ovarian vein and internal iliac veins for the treatment of pelvic congestion syndrome is considered investigational; therefore, the following codes are not covered when used for embolization and/or sclerotherapy of the ovarian and internal iliac veins for the treatment of pelvic congestion syndrome:

CPT Codes®							
37241							

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IX. REFERENCES

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X. POLICY HISTORY

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MP-1.116	CAC 7/28/09 – New Policy
	CAC 11/30/10 Consensus review.
	CAC 11/22/11 Consensus Review
	7/24/13 Admin coding review complete
	CAC 9/24/13 Consensus Review. No change to policy statements. References updated.
	12/19/2013- New 2014 Code updates made.
	CAC 9/30/14 Consensus review. No changes to the policy statements. Rationale added. References updated. Codes reviewed.
	CAC 9/29/15 Consensus review. No change to policy statements. Rationale and references updated. Coding Reviewed
	CAC 11/29/16 Consensus review. Policy statement unchanged. Variation reformatting completed. Description/Background, Rationale and Reference sections updated. Coding Reviewed.
	12/19/17 Consensus review. No change to the policy statement. Rationale updated.
	11/7/18 Consensus review. No change to the policy statement. References reviewed. Rationale revised.
	8/26/2019 Consensus review. Policy statement unchanged. References updated.
	7/14/2020 Consensus Review. Policy Statement unchanged. Policy title and language revised from “embolization” to “endovascular occlusion” for clarification. FEP variation removed as FEP policy no longer in effect. Description/Background and Rationale updated. References added.

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