Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome

**Policy Statement**

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

**Policy Guidelines**

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

**Coding**

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

- **36012**: Selective catheter placement, venous system; second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)
- **37241**: Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)

**Description**

Pelvic congestion syndrome is characterized by chronic pelvic pain that is often aggravated by standing; diagnostic criteria for this condition are not well-defined. Embolization of the ovarian and internal iliac veins has been proposed as a treatment for patients who fail medical therapy.

**Related Policies**

- Occlusion of Uterine Arteries Using Transcatheter Embolization

**Benefit Application**

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates [e.g., Federal Employee Program (FEP)] prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

**Regulatory Status**

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

Various materials (e.g., coils, glue, gel foam) would be used to embolize the vein(s), and they would be subject to FDA regulation. Several products have been cleared for marketing by the...
FDA through the 510(k) process for uterine fibroid embolization (e.g., Embosphere® Microspheres [South Jordan, UT], Cook Incorporated Polyvinyl Alcohol Foam Embolization Particles [Bloomington, IN]) and/or embolization of hypervascular tumors and arteriovenous malformations (e.g., Contour® Emboli PVA [Marlborough, MA]).

**Rationale**

**Background**

**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, 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.

**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 of the ovarian and internal iliac veins has been proposed as an alternative to surgical ovarian vein ligation. Vein embolization can be performed using a variety of materials including coils, glue, and gel foam.

**Literature Review**

No randomized controlled trials (RCTs) have been published comparing embolization therapy for pelvic congestion syndrome with an alternative or sham/placebo treatment. RCTs are especially needed in situations such as this where the primary symptom is pain, a subjective outcome for which a placebo response to treatment is likely. The published studies consist of case series, most of which were retrospective and conducted outside of the United States. A limitation of the literature on embolization therapy for the treatment of pelvic congestion syndrome is a lack of standardized diagnostic criteria. In 2010, Tu et al published a systematic review of literature on the diagnosis and management of pelvic congestion syndrome. Reviewers observed that studies have rarely specified explicit diagnostic criteria for pelvic congestion syndrome and that definitions of pelvic pain have varied widely among studies. Moreover, most studies have not used objective outcome measures.

A 2016 systematic review by Mahmoud et al identified 20 case series (total N=1081 patients) assessing vein embolization for pelvic congestion syndrome. Reviewers did not require any particular diagnostic criteria for pelvic congestion syndrome. The length of follow-up in the studies ranged from 1 month to 6 years. Seventeen studies (n=648 patients) reported on the proportion of patients who reported symptom relief. Overall, 571 (88.1%) patients reported short-term symptom relief and 77 (11.9%) reported little or no relief. Seventeen studies (n=721 patients) reported symptom relief at 12 months. A total of 88.6% had symptom improvement, and 13.4% reported little or no relief. Only a single study used a comparison group, but patients in it received conservative treatment because they were ineligible for vein embolization therapy; as a result, outcomes following the 2 interventions cannot be compared.

Table 1 summarizes larger case series published in the last 10 years that have reported symptom improvement in patients with pelvic congestion syndrome treated with vein embolization.
Table 1. Symptom Improvement after Vein Embolization for Pelvic Congestion Syndrome

<table>
<thead>
<tr>
<th>Study</th>
<th>Location</th>
<th>No. of Patients</th>
<th>Mean Follow-Up, mo</th>
<th>Clinical Outcome (at Least Substantial Improvement in Symptoms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim et al (2006)</td>
<td>U.S.</td>
<td>127</td>
<td>45</td>
<td>83%</td>
</tr>
<tr>
<td>Nasser et al (2014)</td>
<td>Brazil</td>
<td>113</td>
<td>12</td>
<td>100% (53% complete, 47% partial)</td>
</tr>
<tr>
<td>Kwon et al (2007)</td>
<td>Korea</td>
<td>67</td>
<td>45</td>
<td>82%</td>
</tr>
<tr>
<td>Gandini et al (2008)</td>
<td>Italy</td>
<td>38</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Hocquelet et al (2014)</td>
<td>France</td>
<td>33</td>
<td>26</td>
<td>94% (61% complete, 33% partial)</td>
</tr>
</tbody>
</table>

Laborda et al in (2013) reported pain outcomes on 202 patients who underwent coil embolization for pelvic congestion syndrome. There were no clearly defined diagnostic criteria; patients were referred by a vascular surgeon. A total of 179 (89%) of 202 women completed 5-year follow-up. Pain was measured on a 10-point visual analog scale (VAS). At baseline, mean VAS (standard deviation) was 7.34 (0.7), and at 5 years mean VAS was 0.78 (1.2). The decrease in mean VAS score over time was statistically significant (p<0.001). There were 4 (2%) cases of coil migration, and they were considered major complications. As with the other case series previously reported, this study lacked a control group with which to compare outcomes.

Summary of Evidence
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 have reported some degree of symptom relief 12 months after ovarian and/or internal iliac vein embolization. It is difficult 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 challenging to 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.

Supplemental Information
Practice Guidelines and Position Statements
A fact sheet from the Society for Interventional Radiology on chronic pelvic pain in women endorsed ovarian vein embolization as an effective treatment option for pelvic congestion syndrome.

U.S. Preventive Services Task Force Recommendations
Not applicable.

Medicare National Coverage
There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Ongoing and Unpublished Clinical Trials
Some currently unpublished trials that might influence this review are listed in Table 2.

Table 2. Summary of Key Trials

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Pelvic Embolization to Reduce Recurrent Varicose Veins</td>
<td>270</td>
<td>Dec 2018</td>
</tr>
<tr>
<td>NCT01909024a</td>
<td>Recurrent Venous Recurrence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NCT: national clinical trial.
a Denotes industry-sponsored or cosponsored trial.
4.01.18 Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
Page 4 of 6

References


Documentation for Clinical Review

- No records required

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement.

IE

The following services may be considered investigational.

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT®</td>
<td>36012</td>
<td>Selective catheter placement, venous system; second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)</td>
</tr>
<tr>
<td>CPT®</td>
<td>37241</td>
<td>Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intra-procedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous)</td>
</tr>
</tbody>
</table>
### Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Action</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/06/2012</td>
<td>BCBSA Medical Policy Adoption</td>
<td>Medical Policy Committee</td>
</tr>
<tr>
<td>05/02/2014</td>
<td>Coding Update</td>
<td>Administrative Review</td>
</tr>
<tr>
<td>07/31/2015</td>
<td>Coding Update</td>
<td>Administrative Review</td>
</tr>
<tr>
<td>02/01/2016</td>
<td>Policy title change from Pelvic Congestion Syndrome Embolization Treatment of the Ovarian Vein and Internal Iliac Veins Policy revision without position change</td>
<td>Medical Policy Committee</td>
</tr>
<tr>
<td>10/01/2016</td>
<td>Policy revision without position change</td>
<td>Medical Policy Committee</td>
</tr>
<tr>
<td>10/01/2017</td>
<td>Policy revision without position change</td>
<td>Medical Policy Committee</td>
</tr>
</tbody>
</table>

### Definitions of Decision Determinations

**Medically Necessary:** A treatment, procedure, or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

**Investigational/Experimental:** A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

### Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department. Please call (800) 541-6652 or visit the provider portal at www.blueshieldca.com/provider.
Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.