

Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome

Policy Number: **M20180518036**
Effective Date: **7/1/2018**
Sponsoring Department: **Health Care Services**
Impacted Department(s): **Health Care Services**

Type of Policy: Internal External

Data Classification: Confidential Restricted Public

Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s): MediSource; MediSource Connect; Child Health Plus Essential Plan
- Medicare, if yes, which plan(s): MAPD; PDP; ISNP; CSNP
- Commercial, if yes, which type: Large Group; Small Group; Individual
- Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes No

Purpose and Applicability:

To set forth Independent Health's policy for **embolization** of the ovarian and iliac veins for **pelvic congestion syndrome (PCS)**.

Policy:

Commercial, Self-Funded, Medicare Advantage, MediSource, MediSource Connect, Essential Plan:

Embolization of the ovarian and iliac veins for pelvic congestion syndrome is considered medically necessary for the treatment of pelvic congestion syndrome (PCS) when **all** of the following criteria are met:

- The member has documentation of a pelvic exam completed in the last year; and
- The member has had a definitive diagnostic venography, CT or MRI; and
- The member has failed a trial of appropriate pharmacotherapy (e.g., analgesics, hormonal therapy).

Embolization of the ovarian and iliac veins for pelvic congestion syndrome is not covered when the above criteria are not met.

Background:

Up to 15 percent of premenopausal women have pelvic varicosities and venous stasis, as demonstrated by pelvic venography, but few experience symptoms. Pelvic congestion syndrome (PCS) is the term used to describe the subset of these women who have pain and other symptoms in the uterus, ovaries, and vulva that cannot be attributed to any other cause. Imaging is performed to document the characteristic pelvic venous changes, which support the diagnosis. Embolization appears to provide symptomatic relief in the majority of women and is safe.

Ovarian vein embolization is a minimally invasive treatment alternative for PCS. The technique, usually performed by an interventional radiologist, involves threading a catheter, guided by fluoroscopic X-ray imaging, through the groin to the ovarian veins. If the imaging reveals a cluster of serpentine veins, tiny stainless-steel coils and/or absorbable sponges, or liquids such as glue are passed through the catheter into the ovarian vein, forming a clot that subsequently blocks the accumulation of blood in the varices.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required? Yes No

Pre-authorization is required for services performed in an office or ambulatory surgery setting.

Definitions

Embolization (therapeutic blockage of the veins) for PCS refers to the insertion of tiny spring coils into the affected veins to block the blood supply and reduce swelling of the pelvis and lower limbs. A vascular interventional radiologist delivers the coils through a small catheter introduced through the femoral vein in the groin and positioned using x-ray imaging. Sclerosants (irritating substances that promote blood clotting and inflammation of the vein) are sometimes used in combination with coils for embolization.

Pelvic congestion syndrome is chronic pain exacerbated by standing or sexual intercourse in women who have varicose veins in or near the ovaries. Pelvic congestion syndrome is a common cause of chronic pelvic pain. Varicose veins and venous insufficiency are common in the ovarian veins but are often asymptomatic. Why some women develop symptoms is unknown. Most women with pelvic congestion syndrome are aged 20 to 45 years and have had multiple pregnancies.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

Champaneria R, Shah L, Moss J, et al. The relationship between pelvic vein incompetence and chronic pelvic pain in women: systematic reviews of diagnosis and treatment effectiveness. *Health Technol Assess*. 2016 Jan;20(5):1-108.

Chung MH, Huh CY. Comparison of treatments for pelvic congestion syndrome. *Tohoku J Exp Med*. 2003 Nov;201(3):131-8.

Gloviczki P, Comerota AJ, Dalsing MC, et al.; Society for Vascular Surgery; American Venous Forum. The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. *J Vasc Surg*. 2011 May;53 (5Suppl):2S-48S.

Hayes, Inc. Health Technology Assessment Ovarian or Internal Iliac Vein Embolization for Treatment of Pelvic Congestion Syndrome; Lansdale, PA: March 2020.

Johnson NR. Vulvovaginal varicosities and pelvic congestion syndrome. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on May 30, 2023.)

Merck Manual [web site]. Pelvic Congestion Syndrome. Last Reviewed January 2023 Available at: <https://www.merckmanuals.com/professional/gynecology-and-obstetrics/menstrual-abnormalities/pelvic-congestion-syndrome> Accessed May 30, 2023

Sozutok S, Piskin FC, Balli HT, et al. Efficacy of the endovascular ovarian vein embolization technique in pelvic venous congestion syndrome. *Pol J Radiol*. 2022 Sep 14;87:e510-e515.

Tu FF, Hahn D, Steege JF. Pelvic congestion syndrome-associated pelvic pain: a systematic review of diagnosis and management. *Obstet Gynecol Surv*. 2010 May;65(5):332-40.

Regulatory References

New York State Department of Health [web site]. New York State Medicaid Program Physician Procedure Codes. Section 5 – Surgery. Version April 2023. Available at: <https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician%20Procedure%20Codes%20Sect%205.pdf> Accessed May 30, 2023

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member’s contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes No

Revision Date	Owner	Notes
1/1/2024	Health Care Services	Revised
8/1/2023	Health Care Services	Reviewed
8/1/2022	Health Care Services	Reviewed
9/1/2021	Health Care Services	Reviewed
10/1/2020	Health Care Services	Reviewed
11/1/2019	Medical Management	Reviewed
12/1/2018	Medical Management	Revised