**Ovarian, Internal Iliac and Gonadal Vein Embolization, Ablation, and Sclerotherapy**

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**DESCRIPTION**

Enlarged ovarian and internal iliac veins can lead to pelvic congestion syndrome (PCS) in women, and enlarged gonadal and internal iliac veins can lead to varicoceles in men. Each of these conditions may be treated using embolization therapy, ablation, or sclerotherapy.

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**MEDICARE ADVANTAGE POLICY CRITERIA**

**Note:** This policy does not address surgical ligation of the spermatic vein(s) or uterine artery embolization.

<table>
<thead>
<tr>
<th><strong>CMS Coverage Manuals</strong></th>
<th>None</th>
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</thead>
<tbody>
<tr>
<td><strong>National Coverage Determinations (NCDs)</strong></td>
<td>See References[1]</td>
</tr>
</tbody>
</table>
According to the NCD, therapeutic embolization is covered for “conditions amenable to treatment by the procedure, when reasonable and necessary for the individual patient.” However, it does not provide clinical criteria to be considered when determining what indications may be considered reasonable and necessary for embolization treatment for a member.

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)

Medical Policy Manual

Specific Medicare coverage guidance is not available for ovarian, internal iliac or gonadal vein embolization, ablation, or sclerotherapy. Therefore, the health plan’s medical policy is applicable.

Ovarian, Internal Iliac and Gonadal Vein Embolization, Ablation, and Sclerotherapy, Surgery, Policy No. 147 (see “NOTE” below)

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. (Medicare IOM Pub. No. 100-04, Ch. 23, §30 A). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan’s evidence-assessment process (see Cross References).

CROSS REFERENCES

Investigational (Experimental) Services and New and Emerging Medical Technologies and Procedures, Medicine, Policy No. M-149

Varicose Vein Treatment, Surgery, Policy No. M-104

REFERENCES

1. NCD for Therapeutic Embolization (20.28)

CODING

NOTE: There are no specific codes for ovarian and internal iliac vein embolization; however, the following codes may be used:
<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPT</td>
<td>36012</td>
<td>Selective catheter placement, venous system: second order or more selective, branch (eg, left adrenal vein, petrosal sinus)</td>
</tr>
<tr>
<td></td>
<td>37241</td>
<td>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 (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)</td>
</tr>
<tr>
<td></td>
<td>75894</td>
<td>Transcatheter therapy, embolization, any method, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

**HCPCS**  None

**IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.