

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

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

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.

MEDICARE ADVANTAGE POLICY CRITERIA

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

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	See References ^[1]

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)*

None

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:

Codes	Number	Description
CPT	36012	Selective catheter placement, venous system: second order or more selective, branch (eg, 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 (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
	75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
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.