GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Pelvic congestion syndrome (PCS), also called pelvic venous incompetence (PVI), may be one of many causes of chronic pelvic pain (CPP). CPP is described as continuous or intermittent noncyclic pain, localized to the pelvic region, which lasts for six or more months.

PCS may occur when valves within the pelvic veins weaken and cause blood to flow backward and pool, similar to varicose veins in the legs. Blood pooling in pelvic or ovarian veins may result in engorgement or thrombosis, causing pain and discomfort. Risk factors associated with PCS include congestion of veins in the lower extremities, hormonal imbalance, multiple pregnancies and polycystic ovarian disease. Symptoms of pelvic congestion syndrome include the following:

- Continuous or recurring pain for at least six months
- Initial sensation of fullness or heaviness, which may increase to severe pain, during or after menstruation or intercourse
- Pelvic pain that worsens toward the end of the day or after long periods of time
- Persistent lower back pain
- Vaginal discharge

Percutaneous coil 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. Coils are inserted under local anesthesia and intravenous sedation; patients may require overnight hospitalization for pain control. When both ovarian and iliac veins are to be embolized, the two procedures may be performed several weeks apart. Coil embolization is intended for patients with PCS and chronic pelvic pain that is not relieved by medical therapy.

There continues to be sufficient published evidence to evaluate percutaneous transcatheter coil embolization for treatment of PCS. However, the study abstracts present conflicting findings regarding this technology. Full text review is required to confirm abstract content and, therefore, conclusions about the safety and effectiveness of this technology cannot be made until a full assessment has been completed.

POLICY

**Embolization of the ovarian & iliac veins (37241, 75894) for pelvic congestion syndrome is non-covered.**

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount has determined that embolization of the ovarian & iliac veins (37241, 75894) for pelvic congestion syndrome is experimental and investigational and therefore non-covered because the study abstracts present conflicting findings regarding this technology. Full text review is required to confirm abstract content and, therefore, conclusions about the safety and effectiveness of this technology cannot be made until a full assessment has been completed.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

**CPT CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<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>75894</td>
<td>Transcatheter therapy, embolization, any method, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>
REVISION HISTORY EXPLANATION

09/27/18: Embolization of the ovarian & iliac veins (37241, 75894) for pelvic congestion syndrome is non-covered. Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.