

## Ovarian Vein Embolization

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

### Purpose:

This policy addresses the medical necessity of Ovarian Vein Embolization.

### Description & Definitions:

**Ovarian Vein Embolization** is a procedure used to help resolve a painful condition called pelvic congestion syndrome.

### Criteria:

**Ovarian Vein Embolization** is considered medically necessary for pelvic congestion syndrome (PCS) with **All** of the following:

- Individual with a definitive diagnostic venography, computerized tomography (CT) scan, or Magnetic resonance imaging (MRI)
- Individual with failed trial of appropriate pharmacotherapy

**Ovarian Vein Embolization** is considered **not medically necessary** for any use other than those indicated in clinical criteria.

### Coding:

Medically necessary with criteria:

Coding	Description
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

### Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

### Document History:

#### Revised Dates:

- 2020: January
- 2014: May, June
- 2013: April, October
- 2012: January, April, September
- 2011: December
- 2008: April, October
- 2004: May, July
- 2003: July
- 2001: August
- 1999: September

#### Reviewed Dates:

- 2023: June
- 2022: June
- 2021: July
- 2020: August
- 2019: April
- 2018: August
- 2017: November
- 2016: June
- 2015: October
- 2011: April
- 2010: April
- 2009: April
- 2007: October
- 2006: June, September
- 2005: July, December
- 2003: June

#### Effective Date:

- June 1999

### References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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### Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### Keywords:

Pelvic embolization, ovarian vein, embolization pelvic congestion syndrome, PCS, SHP Ovarian Vein Embolization, Surgical 202