

Varicocele 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 Varicocele Embolization.

- Refer to separate policy for Varicose Vein Treatments.

Description & Definitions:

Varicocele embolization is a procedure used to block blood flow in a painful enlarged vein in a man's scrotum.

Criteria:

Varicocele embolization (balloon or metallic coil) for the treatment a varicocele in a male with **1 or more of the following**:

- Individual with recurrence of varicoceles post surgical (ligation)
- Individual is an adolescent with grade 2 or 3 varicocele related to ipsilateral testicular growth restriction
- Individual with scrotal pain associated with varicoceles
- Individual with infertility problems with **all of the following**:
 - Lower sperm concentration
 - Decreased sperm motility

Varicocele 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)

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: June
- 2020: July
- 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, gonadal vein, embolization, varicocele embolization, varicocele, infertility, sperm, scrotal pain, Varicocele Embolization, Surgical 209