

## Non-Oncology Embolization, Surgical 235

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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\*.**

### Description of Item or Service:

**Genicular artery embolization (GAE)** is a minimally invasive procedure by reducing the blood flow and inflammation to the areas around the knee. Capsular Plication is an arthroscopic procedure to provide a suture and retensioning the ligaments around the joint for greater stability.

**Hemorrhoid Artery Embolization (HAE)** is a minimally invasive procedure, performed by an interventional radiologist, to treat hemorrhoids without surgery. HAE uses the femoral or radial artery approach to access and block the arteries blood supply to the hemorrhoids.

**Plantar Fasciitis Embolization (PFE)** is a minimally invasive procedure which uses a catheter into the blood vessels to inject microparticles to block blood flow to an area and reducing pain.

### Clinical Indications and Criteria:

**Embolization** is medically necessary for **1 or more** of the following:

- **Genicular artery embolization (GAE)** is medically necessary for **1 or more** of the following:
  - Knee hemarthrosis following total knee arthroplasty for **ALL** of the following:
    - Failed Conservative Therapy and **1 or more** of the following:
      - Ice
      - Immobilization
      - Compression
      - Saline lavage
      - Corticosteroid instillation
      - Selective COX-2 inhibitors
    - Demonstrated synovial hyper-vascularity on angiography
  - Reduce tumor vascularity about the knee preoperatively in preparation for tumor resection about the knee
  - Reduce tumor bulk in inoperable cases of tumors around the knee

**Genicular artery embolization (GAE)** is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- for the treatment of osteoarthritis-related knee pain

**Hemorrhoid Artery Embolization (HAE) :** Current role remains uncertain, based on review of existing evidence, there are currently no clinical indications for this technology. Therefore, not medically necessary for any clinical indications.

**Plantar Fasciitis Embolization (PFE):** Current role remains uncertain, based on review of existing evidence, there are currently no clinical indications for this technology. Therefore, not medically necessary for any clinical indications.

## Document History:

Revised Dates:

Reviewed Dates:

Effective Date: 2025: Jan – Combined New Tech - Plantar Fasciitis Embolization (PFE), Medical 342 - Genicular Artery Embolization (GAE), Surgical 202 - Ovarian Vein Embolization, and Surgical 209 -Varicocele Embolization

## Coding Information:

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)
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms)
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation

Considered Not Medically Necessary:

Coding	Description
28899	unlisted procedure, foot or toes

*The preceding codes for treatments and procedures applicable to this policy are included above for informational purposes only. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy.*

### Special Notes: \*

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
  - Also see [NCD - Therapeutic Embolization \(20.28\)](#)
- Application to products
  - Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements
  - Pre-certification by the Plan is required.
- Special Notes:
  - This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - 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.

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## Keywords:

Embolization, Genicular Artery, GAE, Plantar Fascitis, PFE, Hemorrhoid artery, HAE, knee pain