

Non-Oncology Embolization, Surgical 235

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Effective Date 1/2025
Next Review Date 1/2026
Coverage Policy Surgical 235
Version 1

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

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.

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

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.

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

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
- **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
- **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

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.

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

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.

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

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:

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.

Policy Approach and Special Notes: *

- Coverage
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
 - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
 - Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - 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.

References:

Including but not limited to: 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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Keywords:

Embolization, Genicular Artery, GAE, Ovarian Vein, pelvic congestion syndrome, PCS, Varicocele, Plantar Fascitis, PFE, Hemorrhoid artery, HAE, knee pain,

