



ND

Medical Policies

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Policy Number:	S-172		
Policy Name:	Ovarian and Internal Iliac Vein Embolization for Pelvic Congestion Syndrome		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

Pelvic congestion syndrome (PCS also known as pelvic venous incompetence ([PVI]) is a condition that has been present for greater than six (6) months with anatomic findings that include pelvic venous insufficiency and pelvic varicosities.

The technique of transcatheter embolization for ovarian and pelvic varices is a minimally invasive treatment usually performed by an interventional radiologist that involves selective catheterization of the ovarian and internal iliac veins, followed by contrast venography and embolization.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Diagnosis Code

Covered diagnosis codes for procedure code 37241

N94.89

CURRENT CODING

CPT:		
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	Medicaid Expansion

37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	Commercial
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References

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ND Committee Review

Internal Medical Policy Committee 7-16-2019 Coding update:

- **Added** diagnosis code N94.89

Internal Medical Policy Committee 11-19-2020 Annual Review

- **Added** Professional Statement

Internal Medical Policy Committee 11-23-2021

- **Updated** with clarifying language

Internal Medical Policy Committee 11-29-2022 Annual Review no changes in criteria

Internal Medical Policy Committee 11-15-2023 Annual Review no changes in criteria

Internal Medical Policy Committee 1-16-2024 Revision - **Effective March 04, 2024**

- **Updated** criteria to medically necessary; and
- **Updated** references; and
- **Added** covered diagnosis code for procedure code.

Internal Medical Policy Committee 1-14-2025 Annual Review no changes in criteria

- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.