



Medica Central Coverage Policy

Policy Name: Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis Diagnosis and Treatment MP9568

Effective Date: 09/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

The diagnosis and treatment of chronic cerebrospinal venous insufficiency (CCSVI) in multiple sclerosis, including but not limited to, venous angioplasty, is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Description

Multiple Sclerosis (MS) is a progressive, immune-mediated disease that affects the brain and spinal cord. In MS, the myelin sheath surrounding nerve fibers becomes damaged, resulting in significant and disabling neurological symptoms. Symptoms may be mild, such as numbness in a limb, or severe, such as paralysis or vision loss. Progress, severity, and symptoms are unpredictable and vary from person to person. MS results from an inflammatory process whose etiology is unknown. One widely accepted hypothesis holds that MS is an autoimmune disorder resulting from a virus or other infectious agent in a genetically susceptible individual. Some researchers hypothesize that stenosis of specific veins in the neck and chest – the internal jugular and azygos veins – may cause MS or contribute to its progression by impairing blood drainage from the brain and upper spinal cord. This stenosis has been termed chronic cerebrospinal venous insufficiency (CCSVI). Studies exploring a link between MS and CCSVI are inconclusive.

A treatment purported to relieve this stenosis is venous angioplasty. The procedure involves using balloon angioplasty devices or stents to widen narrowed veins in the chest and neck, purportedly improving the symptoms of MS and reducing relapses.



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FDA Approval

The treatment of CCSVI for MS involves procedures, and therefore is not regulated by the FDA. However, the FDA noted in a Safety Communication notice of May 2012 that the safety and effectiveness of using balloon angioplasty devices or stents in the internal jugular or azygos veins have not been established for any clinical condition. The FDA has not approved the use of these devices in these veins.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **37248** – Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
- **37249** – Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (list separately in addition to code for primary procedure)

	Committee/Source	Date(s)
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