



Medica Central Coverage Policy

Policy Name: Pelvic Vein Embolization MP9572

Effective Date: 02/01/2026

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

Pelvic vein embolization 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 efficacy or effects on health care outcomes.

Description

Pelvic congestion syndrome (PCS), also called chronic pelvic pain (CPP), occurs when valves within the veins of the pelvic region leak and cause blood to flow backward and pool in the veins, which may cause pain and discomfort. Venograms are typically used to diagnose PCS.

Embolization of the ovarian vein and internal iliac veins, performed by an interventional radiologist, is purportedly one treatment for PCS. Embolization can be accomplished using chemical sclerosing agents (examples include: sodium morrhuate, polyvinyl alcohol, enbucrilate, tetradecyl sulfate) or by insertion of metal coils that conform to the shape of the vessels. Sclerosing agents may be used alone or in combination with the coils. Scar tissue develops and gradually closes off venous blood flow in the area with the goal of relieving or eliminating pain. The procedure is often guided by venography and can be performed in an outpatient or inpatient surgical facility.

FDA Approval

Venous coil embolization is a therapy, and therefore is not regulated by the FDA. However, multiple types of sclerosing agents and materials have received FDA approval for surgical use, including guidance equipment, placement catheters, and related materials used in the procedure. Scleromate® morrhuate sodium is an example of an injectable sclerosing agent, and the Gianturco metallic coil (Cook, Bloomington, IN) is an example of an embolization coil.



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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

- **36012** - Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
- **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)
- **37243** - Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
- **75894** - Transcatheter therapy, embolization, any method, radiological supervision and interpretation

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	August 17, 2022
Revised:		
Reviewed:	Medical Policy Committee/Health Services Division	August 16, 2023

Original Effective Date: 12/01/2022

Re-Review Date(s): 09/18/2025

Administrative Update: 09/18/2024

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