Percutaneous Embolization of Scrotal Varices

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon* ☐ *Washington*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Varicoceles are an enlargement of the veins within the scrotum. One treatment for varicoceles is percutaneous embolization using image-guidance and a catheter to place an occlusive substance in a blood vessel to divert blood flow away from the varicocele.

Dubin and Amelar varicocele grading system classifies varicoceles into 3 grades:

Grade 1 (small) - palpable only during a valsalva maneuver

Grade 2 (moderate) - palpable without the need of the valsalva maneuver

Grade 3 (large) – visible.

Criteria

Commercial

Prior authorization is required

A. Percutaneous Embolization for Scrotal Varices

PacificSource considers percutaneous embolization (by means of balloon or metallic coil) medically necessary for the treatment of varicoceles for **ANY** of the following conditions:

1. Members up to age eighteen(18) with grade 2 or 3 varicoceles associated with ipsilateral testicular growth retardation

2. Post-surgical (ligation) recurrence of varicoceles
3. Scrotal pain associated with varicoceles
4. One repeat percutaneous embolization of varicocele when there is documentation of continual symptom of scrotal pain, and continued blood flow to the treated regions.

B. Percutaneous Embolization for Infertility (only on plans with "Infertility Endorsement")

PacificSource considers percutaneous embolization (by means of balloon or metallic coil) medically necessary for the treatment of males with infertility problems who have decreased sperm motility and lower sperm concentrations.

Medicaid

PacificSource Community Solutions (PCS) follows to the general coverage, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200 and the Health Evidence Review Commission (HERC) Prioritized List of Health Services; for coverage of Percutaneous Embolization of Scrotal Varices.

PacificSource Community Solutions (PCS) follows EPSDT coverage requirements in OAR 410-151-0002 for member under the age of 21. Coverage of Percutaneous Embolization of Scrotal Varices is determined through a case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in 410-151-0001

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

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 (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)

37799 Unlisted procedure, vascular surgery

75894 Transcatheter therapy, embolization, any method, radiological S&I

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Appendix

Policy Number:

Effective: 2/1/2020 **Next review:** 2/1/2026

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, and 410-151-0002. OARs: 410-120-1200 and 410-141-3820 to 3830, and 410-141-3825

Commercial Ops: 12/2024

Government Ops: 01/2025