

Percutaneous Embolization of Scrotal Varices

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| LOB(s): | State(s): |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> Medicare | |
| <input checked="" type="checkbox"/> Medicaid | <input checked="" type="checkbox"/> Oregon |

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 enlarged veins within the scrotum that cause discomfort, infertility, or other complications. One minimally invasive treatment options is percutaneous embolization. This procedure uses image-guidance and a catheter to deliver an occlusive agent in the affected vein, redirecting blood flow and relieving pressure on the varicocele.

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 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.

For ancillary services not appearing on the Prioritized List, PCS utilizes Ancillary Services Code Group 6060 and covers these services when medically necessary and appropriate to provide a funded service; or if providing the ancillary service would enable the member to retain or attain the capability for independence or self-care as described in Covered Services OAR 410-141-3820. Coverage of ancillary services is subject to any applicable Ancillary Guidelines on the Prioritized List, and the limitations and exclusions outlined in OARs 410-141-3825 and 410-120-1200.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. 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 NCD 20.28 and considers percutaneous embolization (by means of balloon or metallic coil) medically necessary for the treatment of varicoceles for **ANY** of the following conditions:

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

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

Definitions

Dubin and Amelar Varicocele Grading System - A clinical classification system used to assess the severity of varicoceles, dividing them into three grades based on physical examination findings:

- **Grade 1 (Small):** Varicocele is palpable only during a Valsalva maneuver.
- **Grade 2 (Moderate):** Varicocele is palpable without the need for a Valsalva maneuver.
- **Grade 3 (Large):** Varicocele is visibly apparent without palpation.

References

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Appendix

Policy Number:

Effective: 2/1/2020

Next review: 2/1/2027

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): 42 CFR 422.101; OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, and 410-151-0002.

OPs Approval: 12/2025