Coil Embolization of Scrotal Varices

State(s):
- Idaho
- Montana
- Oregon
- Washington
- Other:

LOB(s):
- Commercial
- Medicare
- Medicaid

Enterprise Policy

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 determination 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.

A clinical grading system classifies varicoceles into 3 grades:

I. Grade 1 (small) - palpable only during a valsalva maneuver,
II. Grade 2 (moderate) - palpable without the need of the valsalva maneuver, and
III. Grade 3 (large) - visible.

Coil embolization of scrotal varices uses imaging guidance and a catheter to place a tiny coil and/or embolic fluid in a blood vessel to divert blood flow away from a varicocele. It’s less invasive than conventional surgery, provides relieve pain and swelling, and may improve sperm quality.

Criteria

Commercial

Preauthorization is required.

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

1. Adolescents with grade 2 or 3 varicoceles associated with ipsilateral testicular growth retardation; or
2. Post-surgical (ligation) recurrence of varicoceles; or
3. Scrotal pain associated with varicoceles. Ultrasonographic recurrence of venous reflux does not imply the recurrence of pain; hence, the proper assessment of success in these patients should include a systematic assessment of their pain and grade of reflux.

One repeat percutaneous embolization of varicocele may be considered medically necessary when there is documentation of continues symptoms of scrotal pain, in combination with findings on imaging of an incomplete initial procedure, as evidenced by continued blood flow to the treated regions.

**Infertility** (covered 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.

**Exclusion:** PacificSource considers percutaneous embolization of varicoceles for persons who do not meet these criteria experimental and investigational or unproven.

**Medicaid**
PacificSource Medicaid follows Oregon Health Plan per OARs:
410-120-1200(2)(a)-(ff), 410-120-0000(139), 410-141-3825(1)(a-i) and 410-130-0000 to 0700 to review the CPT code 37799 for coil embolization of scrotal veins.

- 37799 Unlisted procedure, vascular surgery is NOT a covered benefit

**Medicare**
PacificSource Medicare follows MCG A-0467 for coil embolization of scrotal Veins

**Coding Information**

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>37421</td>
<td>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)</td>
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<td>37799</td>
<td>Unlisted procedure, vascular surgery</td>
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<td>75894</td>
<td>Transcatheter therapy, embolization, any method, radiological S&amp;I</td>
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**References**


Appendix

Policy Number: [Policy Number]

Effective: 12/1/2019  
Next review: 2/1/2021

Policy type: Enterprise