

Percutaneous Embolization of Scrotal Varices

LOB(s): ☑ Commercial	State(s): ⊠ Idaho		⊠ Washington	☐ Other:
⊠ Medicaid	⊠ Oregon	☐ Washington		

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 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. Occlusive substances used for varicocele embolization include occlusive solid devices, such as coils, or balloon, and/or liquid embolic agents, such as sclerosant sodium tetradecyl sulfate and adhesive polymers.

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. 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; OR
- **4.** One repeat percutaneous embolization of varicocele when there is documentation of continual symptom of scrotal pain, in combination with findings on imaging of an incomplete initial procedure, as evidenced by 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 follows Oregon Health Plan per Oregon Administrative Rules (OARs) 410-120-1200 and 410-141-3820 to 3830 for coverage of Coil Embolization of Scrotal Veins.

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.

- 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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References

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Appendix

Policy Number:

Effective: 2/1/2020 **Next review:** 12/1/2024

Policy type: Enterprise

Author(s):

Depts: Health Services

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

Commercial Ops: 12/2023

Government Ops: 12/2023