POSITION:

Percutaneous therapeutic embolization MAY BE CONSIDERED MEDICALLY NECESSARY FOR:

- occlusion of congenital or acquired vascular anomaly, (i.e. pulmonary arteriovenous malformations, AV fistulas, and intracranial aneurysms)
- treatment of acute or recurrent hemorrhage (i.e, refractory epistaxis, hemoptysis, gastrointestinal bleeding, post-traumatic and iatrogenic hemorrhage, and hemorrhagic neoplasms)
- devascularization of neoplasms for palliation or to reduce operative blood loss
- symptomatic varicocele
- uterine artery fibroids

Percutaneous therapeutic embolization for all other indications is considered investigational.

BACKGROUND:

Percutaneous therapeutic embolization is defined as the intravascular deposition of particulate liquid, mechanical agents, or autologous blood clot to produce intentional vessel occlusion. Embolic vascular occlusion may be performed at any level from large arteries or veins to the capillary beds, and it may be temporary or permanent in nature. Therapeutic embolization has been applied to virtually every vascular territory to:

- arrest hemorrhage
- occlude congenital and acquired vascular abnormalities
- palliate neoplasms
- ablate tissue.

RATIONALE:

With the introduction of microcatheter delivery systems, low osmolality contrast material, high resolution digital imaging, and road-mapping, Percutaneous therapeutic embolization has become the therapeutic technique of choice in the treatment of many vascular abnormalities.
UTERINE ARTERY EMBOLIZATION (UAE)

An assessment was done 6/2002 and UAE (for symptomatic fibroids) was found to meet the BCBSA Technology Evaluation Center (TEC) criteria. The evidence reviewed showed that UAE improves the net health outcome by relieving symptoms of fibroids.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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