

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 26.12
TITLE: THERAPEUTIC EMBOLIZATION

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(b)(2)(x) and (c)(2)(vii)

I. EFFECTIVE DATE

- A. January 1, 1989, for PAVM.
- B. April 1, 1994, for meningioma.
- C. The FDA approval date for embolization devices is applicable.

II. PROCEDURE CODE(S)

37204, 61623-61626, 75894

III. DESCRIPTION

Therapeutic embolization is an endovascular radiology procedure that involves threading a microcatheter or balloon into a vein or artery for the purposes of blocking the pathologic vascular channel.

IV. POLICY

- A. Therapeutic embolization is covered for the following indications:
 - 1. cerebral arteriovenous malformations;
 - 2. dural arteriovenous fistulas;
 - 3. inoperable or high-risk intracranial aneurysms;
 - 4. meningioma;
 - 5. PAVM (see Chapter 2, Section 4.1, Cardiovascular System);
 - 6. vein of Galen aneurysm.

B. The embolization devices must be approved by the FDA (see [Chapter 2, Section 17.8](#), *Requirements for Food & Drug Administration Approval for Medical Devices*).

V. EXCLUSIONS

A. Transcatheter hepatic arterial embolization for the treatment of cancers that have metastasized to the liver, unresectable hepatocellular carcinoma, and resectable hepatocellular carcinoma. (March 2003) [38 CFR 17.272 (a)(14)]

B. Chemoembolization for hepatocellular carcinoma.

C. N-butyl-2-cyanoacrylate (Histacryl Blue), iodinated poppy seed oil (e.g., Ethiodol®), and absorbable gelatin sponges.

D. Uterine artery embolization (UAE) for the treatment of fibroids in women who wish to retain childbearing capacity. [February 2004]

END OF POLICY