

Varicose Vein Treatment

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

Varicose veins are swollen, twisted veins that can be seen through the skin and usually occur in the legs. They are a common condition caused by an increase of blood pressure in weak or damaged superficial veins. Symptoms of varicose veins include aching pain, skin rashes and sores. Note that the term "varicose veins" does not apply to the telangiectatic dermal veins, which may be described as "spider veins". While abnormal in appearance, these veins typically are not associated with any other symptoms (e.g., pain or heaviness), and their treatment is considered cosmetic.

Surgical invention for treatment of varicose veins varies depending upon the anatomical location of the vein, diagnostic evaluation, symptomology, and provider recommendation. Proper treatment may require a combination of techniques (ablation, phlebectomy, sclerotherapy) to correct symptoms associated with venous insufficiency, majority of which can be performed in a single treatment session. In most instances, staging of ablative varicose vein treatments on different days is not clinically appropriate.

Criteria

Commercial

Prior authorization is required.

Multiple/Staged Procedure requests require Medical Director review.

Requests to schedule or separate out procedures over multiple dates of service for the same extremity (right/left) require clinical documentation with a rationale and complete treatment plan.

I. Endovascular Laser Ablation (EVLA), Radiofrequency Ablation (RFA) and Ligation

A. Great Saphenous Vein (GSV) or Small Saphenous Vein (SSV)

PacificSource may consider treatment of the great or small saphenous veins by surgery (ligation and stripping), or endovascular radiofrequency or laser ablation or Microfoam sclerotherapy medically necessary when **ALL** of the following criteria is met:

1. Saphenous venous insufficiency symptoms causing functional impairment, indicated by **one** or more of the following:
 - Bleeding or ruptured superficial varicose veins
 - Leg edema
 - Leg fatigue or aching
 - Leg pain requiring frequent analgesics medication
 - Persistent or recurrent superficial thrombophlebitis
 - Persistent or recurrent venous stasis ulcer
 - Skin changes (e.g., liodermatosclerosis, hemosiderosis)
2. Duplex ultrasound or Doppler study confirms significant reflux of the incompetent vein exceeding 0.5 seconds
3. Vein size is 4.5 mm or greater in diameter measured by ultrasound immediately below the saphenofemoral or saphenopopliteal junction (not valve diameter at junction)
4. No significant symptomatic improvement in response to 3-month or longer trial of compression stockings unless medically contraindicated

B. Accessory Saphenous Veins

PacificSource may consider endovascular laser ablation treatment of accessory saphenous veins medically necessary when **ALL** of the following criteria is met:

1. Persistent junctional reflux is demonstrated after Great Saphenous Vein or Small Saphenous Vein have been removed or ablated by endovascular radiofrequency or laser ablation at the saphenofemoral junction or saphenopopliteal junction

C. Perforator Veins

PacificSource may consider treatment of incompetent perforator veins, including surgical ligation (subfascial endoscopic perforator surgery), endovenous radiofrequency, or laser ablation, medically necessary when **ALL** of the following criteria is met:

1. Perforator reflux per recent ultrasound of 0.5 seconds and vein diameter equal to or greater than 3.5 mm
2. The saphenous veins (greater, lesser, or accessory saphenous and symptomatic varicose tributaries) have been previously eliminated by EVLA, RFA, or ligation

II. Stab Phlebectomy (also known as microphlebectomy, stab avulsion, ambulatory phlebectomy, mini-phlebectomy, hook avulsion)

A. Superficial Tributary Varicosities

1. Performed WITH primary procedure (EVL, RFA) of Great Saphenous Vein or Small Saphenous Vein treatments on same extremity:

PacificSource may consider stab phlebectomy performed at the same time as surgical, laser or radiofrequency treatment of saphenous vein varicosities medically necessary when the medical necessity criteria for the primary procedure is met. See above for Saphenous Veins Treatment criteria.

2. Performed as **a standalone** (separate) treatment of superficial tributary varicosities:

PacificSource may consider stab phlebectomy medically necessary when **ALL** of the following conditions are present:

- a. Superficial tributary varicosities that are 2.5MM or more in diameter
- b. Performed after saphenous vein stripping or ablation
- c. Saphenous venous insufficiency symptoms causing functional impairment, including **1 or more** of the following:
 - Bleeding or ruptured superficial varicose veins
 - Leg edema
 - Leg fatigue
 - Leg pain
 - Persistent or recurrent superficial thrombophlebitis
 - Persistent or recurrent venous stasis ulcer
 - Skin changes (e.g., lipodermatosclerosis, hemosiderosis)

B. Vulvar/Labial Varicosities

PacificSource may consider stab phlebectomy medically necessary as a treatment for vulvar/labial varicosities (e.g., pelvic vein incompetence) when **ALL** of the following conditions are present:

1. Member has persistent symptoms/signs of discomfort, aching, throbbing, heaviness and/or dull pain which has been present for a least 6 months

III. Sclerotherapy

PacificSource follows MCG 27th edition ACG: A-0170 for medical necessity of sclerotherapy of leg veins

Exclusions

Treatment by any method of small telangiectasia such as spider veins (1 mm or less), superficial reticular veins (1-2 mm), angiomas, and hemangiomas is considered cosmetic. Cosmetic treatment is a contract exclusion.

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) Oregon Administrative Rules (OARs) 410-141-3820 to 3830, 410-120-1200, and Guideline Note 68 of the OHP Prioritized List of Health Services for coverage of Varicose Vein Treatment.

Medicare

PacificSource Medicare uses Local Coverage Determination L34010 for Treatment of Varicose Veins of the Lower Extremities.

Experimental/Investigational/Unproven

PacificSource considers the treatment of incompetent perforator veins using any other techniques than noted above are considered experimental, investigational, or unproven and include, but not limited to:

- Sclerotherapy
- Stab avulsion
- Stab/Hook/Micro-phlebectomy
- Transilluminated powered phlebectomy (TIPP)

PacificSource considers sclerotherapy for the treatment of reflux of iliac veins, the saphenofemoral junction or saphenopopliteal junction to be experimental, investigational, or unproven.

PacificSource considers the use of Mechanochemical Ablation (MOCA) (e.g., ClariVein Occlusion Catheter, Nonthermal Vein Ablation System) for all veins to be experimental, investigational, or unproven.

PacificSource considers the Endovascular embolization with Cyanoacrylate Adhesive (e.g., VenaSeal®) Closure Delivery system experimental, investigational, or unproven.

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.

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| 36465 | Inject non-compounded foam sclerosant w/US compress maneuvers to guide dispersion of injectate inclusive of all img guidance and monitoring; single incompetent extrem truncal veins |
| 36466 | Inject non-compounded foam sclerosant w/US compress maneuvers to guide dispersion injectate inclusive of all img guidance and monitoring; multi-incompetent truncal veins same leg |
| 36468 | Single or multiple Injections Sclerosing Solutions, spider Veins; Limb/Trunk |
| 36470 | Injection of sclerosing solution; single vein |
| 36471 | Injection of sclerosing solution; multiple veins, same leg |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated |

- 36474 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; sub vein treated in a single extremity
- 36475 Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
- 36476 Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)
- 36478 Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
- 36479 Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)
- 36482 Endovenous ablation therapy incompetent vein extrem by transcatheter deliver chemical adhesive remote access site inclusive of img guidance and monitoring, percutaneous 1 vein treat
- 36483 Endovenous ablation incomp vein extrem by transcatheter delivery chem adhesive inclusive img guidance and monitoring percutaneous sub vein treat single extrem separate access site
- 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)
- 37244 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete
- 37500 Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
- 37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
- 37718 Ligation, division and stripping, short saphenous vein
- 37722 Ligation, division, and stripping, long (greater) saphenous vein from saphenofemoral junction to knee or below
- 37735 Ligation and division and complete stripping of long or short saphenous veins with radial excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
- 37760 Ligation of perforator veins, subfascial, radial (Linton type), including skin graft, when performed, open, 1 leg
- 37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
- 37765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
- 37766 Stab phlebectomy of varicose veins, one extremity; more than 20 incisions

- 37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
- 37785 Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
- 37799 Unlisted procedure, vascular surgery (is utilized for phlebectomy “less than 10 incisions”)

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Definitions

Accessory saphenous veins – Travel in parallel with the greater and lesser saphenous veins and are generally 2 - 2.5 mm in their normal state.

Greater/long saphenous veins – Superficial vein running the entire length of the leg and is generally 3 mm in its normal state. A typical GSV contains an average of 7 valves throughout its entire length, and it is the most common superficial vein to develop venous reflux.

Lesser/short saphenous veins – Superficial vein of the calf and is generally 2.5 mm in its normal state. The small saphenous vein originates at the back of the ankle near the outer malleolus bone, and usually runs up the back of the lower leg to the popliteal vein behind the knee.

Moderate to severe reflux – In current practice, most vascular laboratories consider the presence of venous flow reversal for greater than 0.5 second with proximal compression, Valsalva maneuver, or distal compression and release to represent pathologic reflux.

Perforator veins – Connect superficial veins to deep veins. They contain one-way valves to direct the blood from the superficial system to the deep system and are generally less than 3mm in their normal state.

Telangiectasia/Spider veins – Very small (≤ 1 mm in diameter) thread veins found commonly just under the surface of the skin, usually not distorting skin, or surrounding tissues.

References

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<https://www.venousforum.org/patients/what-is-vein-disease/what-is-chronic-venous-disease/>

De Maeseneer MG, Kakkos SK, Aherne T, et al. Editor's Choice - European Society for Vascular Surgery (ESVS) 2022 clinical practice guidelines on the management of chronic venous disease of the lower limbs [published correction appears in Eur J Vasc Endovasc Surg. August 8, 2022]. Eur J Vasc Endovasc Surg. 2022;63(2):184-267. doi:10.1016/j.ejvs.2021.12.024.
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MCG Ambulatory Care 27th Edition, Sclerotherapy, Leg Veins ACG: A-0170 (AC)

MCG Ambulatory Care 27th Edition Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC)

MCG Ambulatory Care 27th Edition Saphenous Vein Ablation, Radiofrequency ACG: A-0174 (AC)

MCG Ambulatory Care 27th Edition Saphenous Vein Ablation, Laser ACG: A-0425 (AC)

MCG Ambulatory Care 27th Edition Stab Phlebectomy, ACG: A-0735 (AC).

Appendix

Effective: 10/1/2020

Next review: 5/1/2024

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): CMS Local Coverage Determination L34010, Oregon Administrative Rules (OARs) 410-141-3820 to 3830, 410-120-1200, and Guideline Note 68 of the OHP Prioritized List of Health Services.

Commercial OPs: 11/2023

Government OPs: 12/2023