



Varicose Vein Treatment

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

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.

Criteria

Commercial

Preauthorization is required

Multiple/Staged Procedure requests require Medical Director review

Multiple/Staged Procedure requests: Endovenous ablation therapy of the primary vein and of subsequent veins in each affected extremity is considered medically necessary when performed on the same date of service and criteria are met. 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. Separate dates for primary and secondary procedure of right or left extremity treatment is considered medically appropriate.

Saphenous Vein Ablation (Great or Lesser, Accessory and Tributaries), Laser (EVLA) or Radiofrequency (RFA)

- Endovascular laser saphenous vein ablation may be indicated when **ALL** of the following criteria are present:
 - Duplex ultrasound or Doppler study confirms significant reflux of the incompetent vein exceeding 0.5 seconds ~~and~~
 - 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)
 - Saphenous venous insufficiency symptoms causing functional impairment, indicated by 1 or more of the following:
 - Leg edema
 - Leg fatigue
 - Leg pain requiring chronic daily analgesics medication
 - Persistent or recurrent superficial thrombophlebitis
 - Persistent or recurrent venous stasis ulcer
 - No clinically significant lower extremity arterial disease
 - No deep venous thrombosis on duplex ultrasound or other imaging test
 - No significant symptomatic improvement in response to 3-month or longer trial of compression stockings when patient is able to wear them.
- The **accessory saphenous vein** ablation may be indicated when the following are present:
 - Aforementioned endovascular laser vein ablation criteria are met
 - Persistent junctional reflux is demonstrated after GSV or SSV have been removed or ablated by EVLA or RFA at the saphenofemoral junction or saphenopopliteal junction
 - At least 3 months have passed since prior treatment

Perforator Veins:

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 < 3mm in their normal state.

Preauthorization is required

Treatment of incompetent perforator veins, including surgical ligation (including subfascial endoscopic perforator surgery), endovenous radiofrequency or laser ablation, may be considered medically necessary when **ALL** of the following conditions have been met:

- Diagnosis of chronic venous insufficiency leg ulcer(s)
- Perforator reflux per recent ultrasound of 0.5 seconds and vein diameter equal to or greater than 3.5mm
- The saphenous veins (greater, lesser, or accessory saphenous and symptomatic varicose tributaries) have been previously eliminated
- Symptoms have not resolved following combined superficial vein treatment and compression therapy for at least 3 months
- The venous insufficiency is not secondary to deep venous thromboembolism.

Note: Ligation or ablation of incompetent perforator veins (of greater, lesser, or accessory saphenous and symptomatic varicose tributaries) performed concurrently with saphenous venous surgery is not covered. Saphenous venous surgery should eliminate related perforator veins and therefore concurrent ligation or ablation of incompetent perforator veins is not considered medically necessary.

Treatment of incompetent perforator veins using any other techniques than noted above are considered investigational, including, but not limited to:

- Sclerotherapy
- Stab avulsion

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

Ambulatory Phlebectomy:

Preauthorization is required.

A. Ambulatory phlebectomy performed at the same time as surgical, laser or radiofrequency treatment of saphenous vein varicosities: The utilization reviewer may consider ambulatory phlebectomy medically necessary when the medical necessity criteria for the primary procedure is met.

B. Ambulatory phlebectomy performed as a stand-alone treatment: The utilization reviewer may consider ambulatory phlebectomy to be medically necessary when **ALL** of the following conditions are met:

1. The member's has **1 or more** of the following symptoms:
 - a. Moderate to severe pain interfering with activities of daily living and requiring chronic analgesic medication
 - b. Severe dermatitis or ulceration
 - c. Two or more episodes of superficial thrombophlebitis
 - d. Two or more episodes of bleeding
2. There is documentation that the member's symptoms have remained unimproved after 12 weeks of conservative measures such as exercise, compression hose and elevation.

Sclerotherapy:

Preauthorization is required using the following MCG Guidelines:

Sclerotherapy, Leg Veins, including use of Varithena ACG: [A-0170](#) (AC)

Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: [A-0171](#) (AC)

- If sclerotherapy is performed in conjunction with the EVLA or RFA Saphenous Vein the utilization clinician can approve following the MCG criteria for sclerotherapy.
- Sclerotherapy with incompetent perforators is considered experimental, investigational or unproven.

Stab Phlebectomy for Vulvar/Labial Varicosities:

Stab phlebectomy may be considered medically necessary as a treatment for vulvar/labial varicosities (aka pelvic vein incompetence) when ALL of the following conditions are present:

- Member has persistent symptoms/signs of discomfort, aching, throbbing, heaviness and/or dull pain which has been present for a least 6 months; and
- Medication management for at least 3 months has not improved above symptoms (i.e., medroxyprogesterone or gonadotropin-releasing hormone agonists).

Telangiectasia:

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

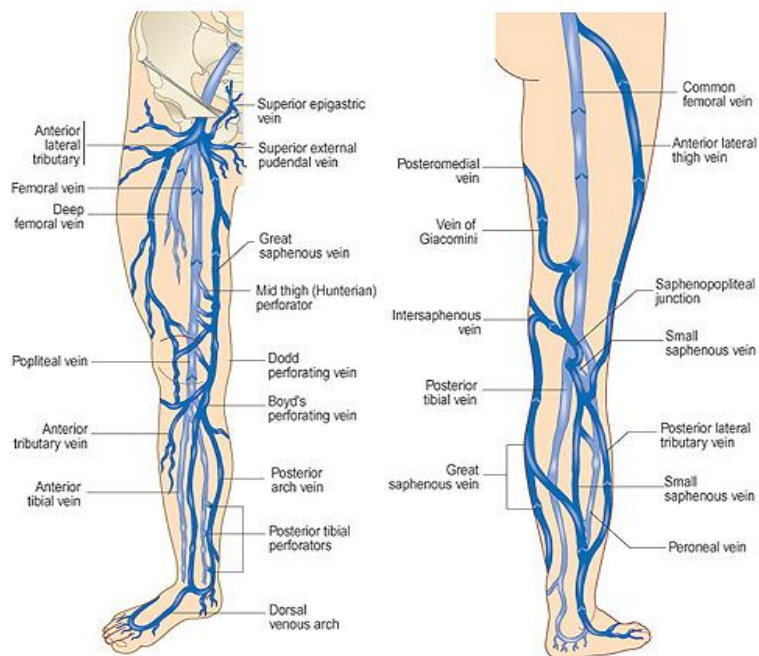
Experimental/Investigational /Unproven

The following are considered Experimental/Investigational/Unproven by PacificSource:

Mechanochemical Ablation (MOCA) (e.g., ClariVein Occlusion Catheter, Nonthermal Vein Ablation System) is investigational for all veins. (no specific code, 37799)

VenaSeal Closure Delivery system is considered experimental/investigational/unproven.

Anatomy Reference



The Venous Anatomy of the Legs
Deep System - light blue Superficial System - dark blue

Medicaid

PacificSource Medicaid follows Oregon Health Plan (OHP) Oregon Administrative Rules (OARs) 410-141-3820 to 3825, 410-120-1200, and line number 379 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.

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.

Stab avulsion - This technique is also known as stab/hook phlebectomy. Stab avulsion results in removal of the varicose veins through incisions that are 2-3 mm in length. The veins are hooked with a tiny hook-like instrument and pulled out. The wounds are closed with tapes, not sutures, and the leg is wrapped in elastic compression support. Once healed, the incision sites are almost invisible.

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.

Tributary Veins—Veins that empty into a larger vein

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

- 36465 Inject non-compounded foam sclerosant w/US compress maneuvers to guide dispersion of injectate inclusive of all img guidance & monitoring; single incompetent extrem truncal veins
- 36466 Inject non-compounded foam sclerosant w/US compress maneuvers to guide dispersion of injectate inclusive of all img guidance & monitoring; multi incompetent truncal veins
- 36468 Single or multiple Injections Sclerosing Solutions, spider Veins; Limb/Trunk
- 36469 Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
- 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)
- 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)
- 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”)

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

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Appendix

Effective: 10/1/2020

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Author(s): PD 11/5/2020

Depts: Health Services