



MEDICAL COVERAGE POLICY

SERVICE: Varicose Veins of the Lower Extremities

Policy Number: 023

Effective Date: 03/01/2023

Last Review: 01/216/2023

Next Review Date: 01/26/2024

Important note

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Treatment of Varicose Veins of the Lower Extremities

PRIOR AUTHORIZATION: Required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there is no applicable NCD or LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

ChangeHealth's InterQual® will be used to review for medical necessity. If there are no non-Medicare criteria in InterQual®, then the InterQual® Medicare dataset will be used to review commercial requests.

EXCLUSIONS:

1. Ablative therapy for the treatment of lower extremity varicosities in the absence of symptoms or evidence of more severe disease. Such treatment would be considered cosmetic and not a covered benefit.
2. The treatment of spider veins, telangiectasias, reticular veins, and other superficial vascular anomalies unless associated with hemorrhage, as this would be considered cosmetic and not a covered benefit (including photothermal sclerosis or Vasculight and transdermal laser therapy).
3. Ultrasound guidance to deliver sclerotherapy.
4. More than 20 sclerotherapy injections per leg, per session.
5. More than 3 sclerotherapy injections per vessel.
6. More than 3 sclerotherapy sessions per leg.

OVERVIEW:

Treatment modalities:

MEDICAL COVERAGE POLICY

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- **Sclerotherapy** with injectable liquid or foam and compression is considered medically necessary for treatment of small to medium-sized veins (3-6 mm in diameter) for persons who meet medical necessity criteria for varicose vein obliteration described above.
 - Sclerotherapy, with or without sono guidance, is NOT considered effective for large veins greater than 6 mm diameter or the main saphenous veins.
 - Sclerotherapy has NOT been shown to be effective for treatment of persons with reflux at the saphofemoral junction or saphopopliteal junctionNote: Additional claims for Doppler ultrasound or duplex scans used for guidance or monitoring during sclerotherapy is not separately reimbursable. Subsequent ultrasound will be denied as not medically necessary.
- **Surgical ligation and excision (stripping)** may be covered as part of a combination with sclerotherapy for ligation of the saphofemoral junction or the saphopopliteal junction, in addition to treatment of large varicose veins or clusters not amenable to sclerotherapy or endovenous obliteration techniques.
- **Ambulatory or stab phlebectomy** is considered medically necessary for treatment of persons who meet medical necessity criteria for treatment of veins greater than 6 mm in diameter or in whom symptoms and functional impairment are attributable only to the secondary venous clusters and in whom sclerotherapy or endovenous occlusion techniques are not feasible.
- **Endovenous radiofrequency and laser ablation occlusion therapy (ERFA) (EVLT)** are minimally invasive alternatives to ligation and stripping. Multiple System devices are FDA approved for endovascular coagulation and closure of large veins in the lower extremities including the saphenous veins at the saphofemoral and saphopopliteal junctional regions.
- **Subfascial perforator vein ligation (Linton Procedure)** may be medically necessary for the treatment of patients who meet medical necessity criteria for varicose vein surgical treatment and have persistent or recurrent ulceration demonstrated to be secondary to chronic perforator vein incompetence as the cause of the overlying skin necrosis and ulceration, when conservative management including at least 3 months of compressive or multilayer dressings have failed to show reduction of ulcer size and re-epithelization.
- **Subfascial ligation of perforator vein(s)** may be performed by open incision or endoscopically (SEPS), dictated by the location and number of perforator veins to be treated, and in consideration of the overlying open wound.

OVERVIEW: Varicose veins of the lower extremity are superficial veins that become dilated, elongated, and tortuous; and which may or may not cause symptoms or problems. They are caused by elevated pressure in the leg's venous system as a result of incompetent venous valves (reflux), obstruction, and/or inadequate muscle pumping function. The severity of disease usually correlates with the degree of reflux demonstrated by duplex ultrasound examination of the lower extremity venous system.

Varicose veins are often asymptomatic and of no concern to patients except for appearance. However, they may cause pain, itching, swelling, skin changes, ulceration, infection, and superficial thrombophlebitis. The treatment of varicose veins may be considered medically necessary in the

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SERVICE: Varicose Veins of the Lower Extremities

Policy Number: 023

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Last Review: 01/216/2023

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presence of symptoms or signs of more significant disease, but would not be covered for cosmetic (appearance) indications.

The initial management of patients with symptomatic varicosities includes elevation of the lower extremity, gradient compression stockings, exercise, and weight reduction. If symptoms are not improved after 3-6 months of conservative therapy, then ablative therapy may be indicated. Ablative therapy includes ligation and stripping (surgical removal), phlebectomy (surgical removal), endovenous thermal ablation (laser or radiofrequency treatment thorough a catheter), and sclerotherapy (chemical treatment). Sclerotherapy is used primarily in the treatment of telangiectasias, reticular veins, and small varicose veins, which are most often considered cosmetic in nature.

No randomized controlled trial results were identified using mechanochemical ablation. Several prospective series were found, but the conclusion is typically that additional studies are needed. NICE affirmed the safety and efficacy of this therapy but also recommends that longer-term followup data be collected.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein
	36470	Injection of sclerosant; single incompetent vein
	36471; multiple veins, same leg
	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical
	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein
	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
	36476: 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; 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 of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated

MEDICAL COVERAGE POLICY

SERVICE: Varicose Veins of the Lower Extremities

Policy Number:	023
Effective Date:	03/01/2023
Last Review:	01/216/2023
Next Review Date:	01/26/2024

	36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
	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 veins from saphenofemoral junction to knee or below
	37735 Ligation and division and complete stripping of long or short saphenous veins with radical 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, radical (Linton type), including skin graft
	37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance
	37765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
	37766; 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), one leg
CPT Not Covered:	36468 Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
	76942 Ultrasonic guidance for needle placement
HCPCS Not Covered	S2202 Echosclectherapy
ICD10 codes:	I83.00 – I83.89 and I83.001 - I83.899
ICD10 Not covered:	I83.9 – I83.93

CMS:

There is no NCD for varicose veins. There is an LCD, L34924 (Novitias Solutions) dated 12/27/2020 titled "Treatment of Chronic Venous Insufficiency of the Lower Extremities." The LCD coverage criteria have been incorporated into this policy. The corresponding LCA is A55229.

POLICY HISTORY:

Status	Date	Action
New	12/1/2010	New policy
Reviewed	11/1/2011	Reviewed.
Reviewed	10/25/2012	Reviewed.
Reviewed	10/3/2013	ICD10 added, Hayes reviewed, LCD reviewed.
Reviewed	2/14/2014	Updated.
Reviewed	2/12/2015	Incorporated LCD update
Reviewed	2/04/2016	No changes.
Reviewed	4/7/2016	Minor updates based on new LCD.
Reviewed	1/31/2017	LCD updated. Literature reviewed. No material change
Updated	5/15/2017	Excluded coverage for mechano-chemical technique.
Retired	2018	Policy retired
Unretire	01/26/2023	Policy unretired and revised to point to Medicare criteria

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Last Review: 01/216/2023

Next Review Date: 01/26/2024

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. UptoDate OnLine Overview and management of lower extremity chronic venous disease. Literature review current through: Dec 2016. Laser and light therapy of lower extremity telangiectasias, reticular veins, and small varicose veins. Liquid and foam sclerotherapy techniques for the treatment of lower extremity veins. Medical management of lower extremity chronic venous disease. Open surgical techniques for lower extremity vein ablation. Radiofrequency ablation for the treatment of lower extremity chronic venous disease.
2. Systematic Review and Meta-analysis of surgical interventions versus conservative therapy for venous Ulcers. Karen F. Mauck, MD, MS; Noor Asi, MD; Chaitanya Undavalli, MBBS; Tarig A. Elraiyah, MBBS; Mohammed Nabhan, MD; Osama Altayar, MD; Mohamad Bassam Sonbol, MD; Larry J. Prokop, MLS; Mohammad Hassan Murad, MD, J Vasc Surg 2014;60:60S-70S. Accessed at: [http://www.jvascsurg.org/article/S0741-5214\(14\)00889-1/pdf](http://www.jvascsurg.org/article/S0741-5214(14)00889-1/pdf)
3. Weingarten MS. State-of-the-Art Treatment of Chronic Venous Disease. Clinical Practice, March 2001; 32: 949-54.
4. Nguyen TH. Evaluation of Venous Insufficiency. Seminars in Cutaneous Medicine and Surgery, 2005; 24: 1, 62-74.
5. Nijsten T, van den Bos RR, Goldman MP, et al. Minimally Invasive Techniques in the Treatment of Saphenous Varicose Veins. Journal of the American Academy of Dermatology, January 2009; 60(1):1, 9-10.
6. Jones RH, Carek PJ. Management of Varicose Veins. American Family Physician, 2008; 78(11)
7. Eklof B, Rutherford RB, Bergan JJ et al. Revision of the CEAP Classification for Chronic Venous Disorders: Consensus Statement. Journal of Vascular Surgery, December 2004; 40(6):1, 248-52.
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9. Barswell JR, Davies CE, Deacon J et al. Comparison of Surgery and Compression with Compression Alone in Chronic Venous Ulceration (ESCHAR Study): A Randomised Controlled Trial. Lancet, 2004; 363(9424): 1854-9.
10. Bianchi C, Ballard JL, Abou-Zamzam and Teruya TH. Subfascial Endoscopic Perforator Vein Surgery Combined with Saphenous Vein Ablation: Results and Critical Analysis. Journal of Vascular Surgery, 2003; 38(1): 67-71.
11. Luebke T, Brunkwall J. Meta-Analysis of Subfascial Endoscopic Perforator Vein Surgery (SEPS) for Chronic Venous Insufficiency. Phebology, 2009; 24(1):8-16.
12. Kalra M, Gloviczki P, Noel AA et al. Subfascial Endoscopic Perforator Vein Surgery in Patients with Post-Thrombotic Venous Insufficiency – Is It Justified? Vascular - Endovascular Surgery, 2002; 36(1).
13. TenBrook Jr JA, Iafrati MD, O'Donnell Jr TF et al. Systematic Review of Outcomes after Surgical Management of Venous Disease Incorporating Subfascial Endoscopic Perforator Surgery. Journal of Vascular Surgery, 2004; 39(3): 583-9.
14. Clinical Practice Guidelines from the Society of Vascular Surgery and the American Venous Forum, Journal of Vascular Surgery, 2011, Vol. 53, Supplement.
15. Multi-disciplinary Quality Improvement Guidelines for the Treatment of Lower Extremity Superficial Venous Insufficiency with Ambulatory Phlebectomy from the Society of Interventional Radiology, Cardiovascular



MEDICAL COVERAGE POLICY

SERVICE: Varicose Veins of the Lower Extremities

Policy Number: 023

Effective Date: 03/01/2023

Last Review: 01/216/2023

Next Review Date: 01/26/2024

Interventional Radiological Society of Europe, American College of Phlebology and Canadian Interventional Radiology Association. Kundu S, et al. JVIR January 2010, Vol 21 (1), pp 1 – 13.

16. National Institute for Health and Care Excellence. Interventional procedure guidance. Endovenous mechanochemical ablation for varicose veins. NICE. London, UK. Published: May 25, 2016. Available at: <https://www.nice.org.uk/guidance/ipg557>. Accessed September 12, 2016
17. Van Eekeren RR, Boersma D, Konijn V et al. Postoperative pain and early quality of life after radiofrequency ablation and mechanochemical endovenous ablation of incompetent great saphenous veins. J Vasc Surg 2013; 57(2):445-50.
18. Boersma D, van Eekeren RR, Werson DA et al. Mechanochemical endovenous ablation of small saphenous vein insufficiency using the ClariVein((R)) device: one-year results of a prospective series. Eur J Vasc Endovasc Surg 2013; 45(3):299-303.

Note: Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs. Individual HMO plans are offered through FirstCare in West Texas.