

## Surgical Treatment of Varicose Veins

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

**Varicose Veins** – Medical condition in which superficial veins become enlarged and twisted, which typically develop in the legs, just under the skin.

### POLICY POSITION

Prior Authorization is required.

A variety of treatment modalities are available to treat varicose veins/venous insufficiency, including surgical approaches, thermal ablation, and sclerotherapy. The application of each of these treatment

options is influenced by the severity of the symptoms, type of vein, source of venous reflux, and the use of other (prior or concurrent) treatments.

1. General medical necessity criteria for coverage of symptomatic varicose veins.

Treatment for symptomatic varicose veins may be considered medically necessary when ALL of the following criteria are met for all varicose vein treatments:

- The individual has ANY ONE of the following:
  - Documented limitations of activities of daily living caused by persistent lower extremity symptoms such as aching, pain, tightness, skin irritation, heaviness, muscle cramps, etc., that fail to respond to conservative treatments; or
  - Ulceration secondary to venous stasis; or
  - Hemorrhage from ruptured superficial varicosities; or
  - Recurrent superficial thrombophlebitis that fails to respond to conservative treatment.
- Clinical documentation must indicate at least three (3) months of failed conservative treatment and include ALL of the following:
  - Gradient compression garments providing a minimum of 20-30 mmHg pressure; and
  - Leg elevation; and
  - Walking/exercising as tolerated; and
  - Clinical, etiology, anatomy, pathophysiology (CEAP) class C2 or greater; and (conservative treatment is not required in cases of CEAP levels five (5) and six (6)).

2. Doppler requirements

- Doppler ultrasound or duplex study must be performed no more than 12 months prior to the procedure and include documentation of ALL of the following:
  - Visibility; and
  - Compressibility; and
  - Augmentation; and
  - Absence of an acute deep venous thrombosis (DVT); and
  - Reflux where at least ONE of the following is present:
    - At least 500 msec for saphenous, tibial, deep femoral and perforating veins; or
    - At least one (1) second for femoral and popliteal veins; and
  - Vein size at least five (5) mm.

3. Treatment sessions

- Initial treatment: unilateral or bilateral may be considered medically necessary when the individual meets the above criteria..
- Additional treatments after the initial session:
  - Must meet ALL coverage criteria as outlined above; and
  - Previously established conservative treatments for vein procedures

## ACCEPTED PROCEDURES

When conservative treatments fail to provide relief from symptomatic venous insufficiency and ALL of the above general criteria requirements are met, the following options may be considered medically necessary when reported for symptomatic varicose veins. However, in addition to the general medically necessary criteria above, specific requirements for each procedure must also be met:

- Cyanacrylate; or

- Endovenous radiofrequency, endovenous laser ablation/treatment (EVLA/EVLT); **or**
- Ligation/stripping and ambulatory phlebectomy (i.e., stab, hook, transilluminated powered); **or**
- Sclerotherapy (liquid or microfoam); **or**
- Subfascial endoscopic perforator surgery (SEPS).

If general medical necessity criteria are not met, see specific procedures and treatment of specific veins below for appropriate denial criteria.

### CRITERIA FOR SPECIFIC PROCEDURES

1. Cyanoacrylate adhesive (great saphenous, small saphenous and accessory saphenous veins)

Treatment of the great saphenous or small saphenous veins with cyanoacrylate adhesive may be considered medically necessary for symptomatic varicose veins/venous insufficiency when ALL of the following criteria are met:

- Great saphenous vein symptoms including, but not limited, to leg/ankle swelling, skin changes, or a venous stasis ulcer; or
- Small saphenous vein symptoms including, but not limited, to lateral ankle and foot swelling, or a venous stasis ulcer; and
- ALL of the general medically necessary criteria above are met; and
  - One (1) treatment session each of the great saphenous veins; one (1) session for the left great saphenous or one (1) session for the right great saphenous, totaling two (2) sessions; and
  - One (1) treatment session each of the small saphenous veins; one (1) session for the left small saphenous or one (1) session for the right small saphenous, totaling two (2) sessions.

Treatment of the great saphenous veins and small saphenous veins with cyanoacrylate adhesive not meeting the above criteria is considered cosmetic and therefore noncovered.

For accessory saphenous veins criteria, see Accessory Saphenous Veins.

2. Endovenous radiofrequency, endovenous laser ablation/treatment (evla/evlt) and endomechanical ablation

Treatment of the great saphenous veins and small saphenous veins may be considered medically necessary when ALL of the following criteria are met:

- Great saphenous vein symptoms including, but not limited to, leg/ankle swelling, skin changes, or a venous stasis ulcer; or
- Small saphenous vein symptoms including, but not limited to, lateral ankle and foot swelling, or a venous stasis ulcer; and
- ALL of the general medically necessary criteria above are met; and
  - One (1) treatment session each of the great saphenous veins; one (1) session for the left great saphenous vein or one (1) session for the right great saphenous vein, totaling two (2) sessions; and
  - One (1) treatment session each of the small saphenous veins; one (1) session for the left small saphenous vein or one (1) session for the right small saphenous vein, totaling two (2) sessions.

Endovenous ablation procedures for the treatment of the great saphenous and the small saphenous veins for all other conditions are considered cosmetic and therefore noncovered.

3. Ligation and stripping and phlebectomy (i.e., stab, hook, transilluminated powered)

Treatment of the great saphenous veins, small saphenous veins, and/or saphenous tributaries may be considered medically necessary when the following criteria are met:

- Related incompetent superficial veins proximal to the incompetent vein to be treated either have been or are being treated concurrently; **and**
- ALL of the general medical necessary criteria above are met.

Ligation and stripping, ambulatory phlebectomy (i.e., stab, hook, transilluminated powered) for conditions other than symptomatic veins, are considered cosmetic and therefore noncovered. This includes the diagnosis of nonsymptomatic varicose veins.

4. Sclerotherapy (liquid or microfoam)

Sclerotherapy may be considered medically necessary for the treatment of the small saphenous veins or saphenous tributaries, including accessory saphenous veins when ALL of the following criteria are met:

- Related incompetent superficial system veins (reflux) proximal to the incompetent vein to be treated either have been or are being treated concurrently; and
- CEAP Class C2- C6; and
- ALL of the general medically necessary criteria above are met OR
- If there are bleeding varicosities smaller than five (5) mm.

Sclerotherapy performed on the small saphenous veins or saphenous tributaries (including saphenous veins) not meeting the criteria above will be considered cosmetic.

Sclerotherapy (liquid or microfoam) procedures for the treatment not meeting the criteria as indicated in this policy is considered cosmetic and therefore noncovered.

Coverage for sclerotherapy (liquid or microfoam) for these indications is limited to a maximum of three (3) sclerotherapy treatment sessions per leg: three (3) treatment sessions for the right leg and three (3) sessions for the left leg. A total of six (6) sessions may be authorized to treat these veins without additional clinical documentation, when performed within 12 months of the initial invasive varicose vein procedure.

Requests for additional sclerotherapy sessions are subject to medical necessity review.

Requests for additional sclerotherapy (liquid or microfoam) treatment, extending beyond the maximum three (3) treatment sessions per leg, may be considered medically necessary when **ALL** of the following additional criteria have been met.

- Additional documentation confirms persistence of symptoms despite prior invasive treatment; **and**
- Doppler or Duplex reports confirm persistent veins at least five (5) mm in diameter; **or**
- If there are bleeding varicosities smaller than five (5) mm.

## TREATMENTS OF SPECIFIC VEIN TYPES

### Accessory saphenous veins

Treatment of accessory saphenous veins by ligation and stripping, endovenous radiofrequency, laser ablation, or cyanoacrylate adhesive may be considered medically necessary for symptomatic varicose veins/venous insufficiency when ALL of the following criteria have been met:

- Incompetence of the accessory saphenous vein is isolated, or the great saphenous vein or small saphenous vein has been previously eliminated (at least three (3) months); and
- There is demonstrated accessory saphenous reflux; and
- Ultrasound demonstrates vein size at least five (5) mm in diameter.

Treatment of accessory saphenous veins by ligation and stripping, endovenous radiofrequency, or laser ablation, or cyanoacrylate that do not meet the coverage criteria described above is considered cosmetic and therefore noncovered.

Perforator Veins: Subfascial endoscopic perforator surgery (SEPS) or endovenous radiofrequency or laser ablation may be considered medically necessary as a treatment of leg ulcers associated with chronic venous insufficiency when the following criteria have been met:

- The superficial saphenous veins (great saphenous vein, small saphenous vein, or accessory saphenous veins and symptomatic varicose tributaries) have been previously eliminated; **and**
- The venous insufficiency is not secondary to a DVT; **and**
- There is demonstrated perforator reflux; **and**
- Ulcers have not resolved following combined superficial vein treatment and compression therapy for at least three (3) months.

Ligation or ablation of incompetent perforator veins performed concurrently with superficial venous surgery is not considered medically necessary.

SEPS, endovenous radiofrequency or laser ablation performed on perforator veins that do not meet the criteria above will be considered cosmetic and therefore noncovered.

1. Saphenous Tributaries (see criteria for specific procedures above)

Ligation and stripping and phlebectomy (i.e., stab, hook, transilluminated powered) or sclerotherapy (liquid or microfoam).

2. Small saphenous vein treatments (see criteria for specific procedures above)

Ligation and stripping and phlebectomy (i.e., stab, hook, transilluminated powered), endovenous radiofrequency, endovenous laser ablation/treatment (EVLA/EVLT), endomechanical ablation, or sclerotherapy (liquid or microfoam) or cyanoacrylate.

### NONCOVERED SERVICES OF SPECIFIC VEIN TYPES

1. Endovenous cryoablation

Endovenous cryoablation of any vein is considered experimental/investigational and therefore non covered. Scientific evidence does not demonstrate the effectiveness of this treatment.

2. Laser treatment, noninvasive

Noninvasive laser treatment, e.g., Vasculite Nd Yag, intense pulsed light (IPL), performed on small superficial, reticular, and telangiectatic veins is considered cosmetic and therefore noncovered.

This method of treatment for larger veins is considered experimental/investigational and therefore noncovered. Scientific evidence does not demonstrate the effectiveness of this treatment.

3. Mechanochemical ablation (MCA)/(MOCA)

Mechanochemical ablation of any method, of any vein (i.e., ClariVein® system) is considered experimental/investigational and therefore noncovered. Scientific evidence does not demonstrate the safety and efficacy of this treatment.

4. Spider veins, treatment

Treatment for reticular veins and/or superficial telangiectasia's, including laser, is considered cosmetic, and therefore, noncovered.

- The injection of sclerosing solution into telangiectasia's such as spider veins, hemangiomas, and angiomas should be reported with code 36468.
- Laser destruction of reticular veins and/or telangiectasia's (e.g., VascuLite) should be reported with code 37799.

Procedure codes 17106, 17107, and 17108 should not be used to report the treatment of reticular veins and/or spider veins.

### CEAP CLASSIFICATION SYSTEM

Class	Definition
C0	No visible or palpable signs of venous disease.
C1	Telangiectasies or reticular veins.
C2	Varicose veins.
C3	Edema.
C4a	Pigmentation and eczema.
C4b	Lipodermatosclerosis and atrophie blanche.
C5	Healed venous ulcer.
C6	Active venous ulcer.

### Noncovered Services

Experimental/investigational (E/I) services are not covered regardless of place of service.

Surgical treatment of varicose veins is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

1. Cyanoacrylate (greater saphenous, smaller saphenous, and accessory saphenous veins):

- Additional procedures including ligation or sclerotherapy performed in the same treatment session on the same treated saphenous vein are included in the reimbursement of the procedure.
  - Procedures on other saphenous vein systems are eligible for reimbursement based on multiple surgery guidelines.
2. Endovenous radiofrequency obliteration of veins (VNUS), laser ablation (EVLT), and endomechanical ablation of incompetent veins:
- Additional procedures, including ligation or sclerotherapy, performed in the same treatment session on the same ablated saphenous vein are included in the reimbursement of the ablation procedure.
  - Procedures on other saphenous vein systems are eligible for reimbursement based on multiple surgery guidelines.
  - Endovenous radiofrequency obliteration of veins (VNUS), laser ablation (EVLT) and endomechanical ablation of incompetent veins include imaging guidance and catheter insertion as part of the overall procedure.
3. Ligation and stripping, and phlebectomy
- Ambulatory phlebectomy services, procedure codes 37765 and 37766, are reported based on the number of incisions performed on each extremity. When fewer than 10 incisions are required, report code 37799.
  - Procedure code 37785 includes the ligation, division, and/or excision of one or more varicose vein clusters and should only be reported once per extremity.
4. Sclerotherapy
- Sclerotherapy performed by the surgeon, his associate or, the assistant surgeon during the postoperative period following vein ligation and stripping procedures is part of the global surgical allowance.
  - Ultrasound or duplex scanning may be considered medically necessary when initially performed to determine the extent and configuration of varicose veins.
  - Ultrasound or radiologically guided or monitoring techniques are considered not medically necessary when performed solely to guide the needle or introduce the sclerosant into the varicose veins.
- a. Code 36470
- Sclerotherapy for one (1) vein on the same leg.
  - Report this code only once per leg per session.
  - Includes the cost of the sclerosing agent.
  - Surgical treatment of varicose veins on the contralateral extremity may be considered medically necessary only if that leg is also symptomatic.
- b. Code 36471
- Sclerotherapy for multiple veins on the same leg.
  - Report this code only once per leg per session.
  - Includes the cost of the sclerosing agent.
  - Surgical treatment of varicose veins on the contralateral extremity may be considered medically necessary only if that leg is also symptomatic.

c. Code J3490

- Codes 36470 and 36471 include the cost of the sclerosing agent. When J3490 is reported in addition to codes 36470 or 36471, no additional allowance will be made.
- When reporting Code J3490, please include the name of the drug in the narrative section of the electronic or paper claim.
- Modifier 59 may be reported with code J3490 to identify it as a significant, separately identifiable service from the sclerotherapy. When the 59 modifier is reported, records must clearly document that an injection was provided as a separately identifiable service.

5. Spider veins

- The injection of sclerosing solution into telangiectasia's such as spider veins hemangiomas and angiomas should be reported with code 36468.
- Laser destruction of reticular veins and/or telangiectasia's (e.g., VascuLite) should be reported with code 37799.

Note: The following procedures are considered experimental/investigational and therefore noncovered and applies to professional claims:

- Sclerotherapy (liquid or microfoam) of the greater saphenous veins and perforator veins.
- Mechanochemical ablation 0524T, 36473, 36474 of any method, of any vein (i.e., ClariVein® system).
- Noninvasive laser treatment (e.g., Vasculite Nd Yag intense pulsed light [IPL]) for the treatment of larger veins (not small superficial, reticular, and telangiectatic veins).

Note: The following procedures are considered cosmetic and therefore noncovered and applies to Professional claims:

- Noninvasive laser treatment (e.g., Vasculite Nd Yag intense pulsed light [IPL]) performed on small, superficial, reticular, and telangiectatic veins.

Note: All services identified within this policy as experimental/investigational or cosmetic are noncovered and apply to Professional claims.

### Facility Claims

This policy is applied on a post-payment basis for facility claims. The services will pay on initial processing and are subject to retrospective review.

Note: The following pre-payment applications within the body of the bulletin:

- Diagnosis codes are applied on a pre-payment basis for the following procedure codes: 36465, 36466, 36470, 36471, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37765, 37766, 37780 and 37785.
- Procedure codes 0524T, 36473 and 36474 are applied on a prepayment basis.

Note: The following procedures are considered experimental/investigational and therefore noncovered and applies to Facility claims:

- Sclerotherapy (liquid or microfoam) of the greater saphenous veins and perforator veins.

- Mechanochemical ablation 0524T, 36473, 36474 of any method, of any vein (i.e., ClariVein® system).
- Noninvasive laser treatment (e.g., Vasculite Nd Yag intense pulsed light [IPL]) for the treatment of larger veins (not small superficial, reticular, and telangiectatic veins).

Note: The following procedures are considered cosmetic and therefore noncovered and applies to facility claims:

- Sclerotherapy small veins less than five (5) mm in diameter or superficial reticular veins and/or telangiectasia veins (spider veins).
- Noninvasive laser treatment (e.g., Vasculite Nd Yag intense pulsed light [IPL]) performed on small, superficial, reticular, and telangiectatic veins.

Note: All services identified within this policy as experimental/investigational or cosmetic are noncovered and apply to Facility claims.

## PROCEDURE CODES

CPT code	Description
0524T	Endovascular repair of iliac artery bifurcation (e.g., aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral.
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm.
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0-50 sq cm.
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50 sq cm.
36465	Injection of noncompounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (e.g., great saphenous vein, accessory saphenous vein).
36466	Injection of noncompounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (e.g., great saphenous vein, accessory saphenous vein), same leg.
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk.
36470	Injection(s) of sclerosant; single incompetent vein (other than telangiectasia).
36471	Injection(s) of sclerosant; multiple incompetent veins (other than telangiectasia), 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; subsequent vein(s) treated in a single extremity, each through separate access sites ( list separately in addition to code for primary procedure).
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; subsequent vein(s) 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, laser; subsequent vein(s) 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 (e.g., cryanoacrylate) remote from the access site inclusive of all imaging guidance and monitoring, percutaneous; first vein treated .
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., cryanoacrylate) remote from the access site inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure).
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 exclusion of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia.
37765	Stab phlebectomy of varicose veins, 1 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), one (1) leg.
76942	Ultrasonic guidance for needle placement ( e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation.
76998	Ultrasonic guidance, intraoperative.

**ELIGIBLE DIAGNOSIS CODES FOR PROCEDURE CODES: 36465, 36466,36470, 36471, 36475, 36476, 36478, 36479,36482, 36483, 37500,37700, 37718, 37722, 37735,37765, 37766, 37780 AND 37785**

Codes						
180.00	180.01	180.02	180.03	183.011	183.012	183.013

183.014	183.015	183.018	183.019	183.021	183.022	183.023
183.024	183.025	183.028	183.029	183.10	183.11	183.12
183.201	183.202	183.203	183.204	183.205	183.208	183.209
183.211	183.212	183.213	183.214	183.215	183.218	183.219
183.221	183.222	183.223	183.224	183.225	183.228	183.229
183.811	183.812	183.813	183.819	183.891	183.892	183.893
183.899	187.2	187.9				

## References

### Clinical Policy Management Committee – September 05, 2019

**Proprietary Information** – Blue Cross Blue Shield Association. Treatment of Varicose Veins/Venous Insufficiency. Medical Policy Reference Manual. 7.01.124. Revised May, 2019.

### POLICY UPDATE HISTORY

10/08/2021	Approved in Medical Policy Committee
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