



CLINICAL MEDICAL POLICY	
Policy Name:	Treatment of Varicose Veins/Venous Insufficiency
Policy Number:	MP-133-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	01/01/2025; 12/01/2024
Retirement Effective Date:	03/01/2026
Effective Date:	10/15/2025; 10/16/2024
Products:	Highmark Wholecare <sup>SM</sup> Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 9

#### Policy History

Date	Action
03/01/2026	Retirement Effective date
10/15/2025	QI/UM Committee review
10/15/2025	Annual Review: Policy to be Retired. InterQual criteria exists for procedure codes listed in the 'Coding Requirements' section.
01/01/2025	Provider Effective date
10/16/2024	QI/UM Committee review
10/16/2024	Policy initially developed

#### Disclaimer

Highmark Wholecare<sup>SM</sup> 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 Wholecare<sup>SM</sup> may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary treatment for venous insufficiency and/or varicose veins.

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.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

## **Definitions**

**Prior Authorization Review Panel (PARP)** – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

## **Procedures**

1. Endovenous laser ablation of incompetent perforator veins may be considered medically necessary as a treatment of leg ulcers associated with chronic venous insufficiency when ALL of the following criteria have been met:
  - A. There is a demonstrated perforator reflux; AND
  - B. The superficial saphenous veins (great, small, or accessory saphenous and symptomatic varicose tributaries) have been previously eliminated; AND
  - C. Ulcers have not resolved following combined superficial vein treatment and compression therapy for at least three (3) months; AND
  - D. The venous insufficiency is not secondary to deep vein thromboembolism.

**Note:** A treatment session (visit) includes the treatment provided on the same day to one (1) or more veins in the same leg.

2. Endovenous laser ablation of incompetent perforator veins not meeting the criteria in this policy is considered not medically necessary. Ligation of incompetent perforator veins is considered not medically necessary.
3. **Post-payment Audit Statement**  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
4. **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 co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.
5. **Related Policies**
  - MP-082-MD-PA Cosmetic Procedures

## **Governing Bodies Approval**

CMS

The Centers for Medicare and Medicaid Services (CMS) has published the following guidance:

- Local Coverage Determination (LCD) Treatment of Chronic Venous Insufficiency of the Lower Extremities (L34924)
- Local Coverage Article (LCA) Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities (A55229)

### **Summary of Literature**

The American Vein and Lymphatic Society (AVLS) (previously named the American College of Phlebology) published guidelines on the treatment of superficial vein disease. AVLS gave a Grade 1 recommendation based on high quality evidence that compression is an effective method for the management of symptoms, but when patients have a correctable source of reflux, definitive treatment should be offered unless contraindicated. AVLS recommends against a requirement for compression therapy when a definitive treatment is available. AVLS gave a strong recommendation based on moderate quality evidence that endovenous thermal ablation is the preferred treatment for saphenous and accessory saphenous vein incompetence, and gave a weak recommendation based on moderate quality evidence that mechanochemical ablation may also be used to treat venous reflux.

AVLS published guidelines on the treatment of refluxing accessory saphenous veins. The College gave a Grade 1 recommendation based on level C evidence that patients with symptomatic incompetence of the accessory saphenous veins be treated with endovenous thermal ablation or sclerotherapy to reduce symptomatology. The guidelines noted that although accessory saphenous veins may drain into the great saphenous vein before it drains into the common femoral vein, they can also empty directly into the common femoral vein.

The National Institute for Health and Care Excellence (NICE) updated its guidance on ultrasound-guided foam sclerotherapy for varicose veins. NICE stated that:

"1.1 Current evidence on the efficacy of ultrasound-guided foam sclerotherapy for varicose veins is adequate. The evidence on safety is adequate, and provided that patients are warned of the small but significant risks of foam embolization (see section 1.2), this procedure may be used with normal arrangements for clinical governance, consent and audit.

1.2 During the consent process, clinicians should inform patients that there are reports of temporary chest tightness, dry cough, headaches and visual disturbance, and rare but significant complications including myocardial infarction, seizures, transient ischemic attacks and stroke."

NICE published a technology assessment on the clinical effectiveness and cost-effectiveness of foam sclerotherapy, endovenous laser ablation, and surgery for varicose veins. NICE revised its guidance on endovenous mechanochemical ablation, concluding that "Current evidence on the safety and efficacy of endovenous mechanochemical ablation for varicose veins appears adequate to support the use of this procedure....".

### **Coding Requirements**

Procedure Codes

<b>CPT/HCPCS Code</b>	<b>Description</b>
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)
37799	Unlisted procedure, vascular surgery

#### Diagnosis Codes

<b>ICD-10 Code</b>	<b>Description</b>
I80.00	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
I80.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
I80.02	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I83.011	Varicose veins of right lower extremity with ulcer of thigh
I83.012	Varicose veins of right lower extremity with ulcer of calf
I83.013	Varicose veins of right lower extremity with ulcer of ankle
I83.014	Varicose veins of right lower extremity with ulcer of heel and midfoot
I83.015	Varicose veins of right lower extremity with ulcer other part of foot
I83.018	Varicose veins of right lower extremity with ulcer other part of lower leg
I83.019	Varicose veins of right lower extremity with ulcer of unspecified site
I83.021	Varicose veins of left lower extremity with ulcer of thigh
I83.022	Varicose veins of left lower extremity with ulcer of calf
I83.023	Varicose veins of left lower extremity with ulcer of ankle
I83.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
I83.025	Varicose veins of left lower extremity with ulcer other part of foot
I83.028	Varicose veins of left lower extremity with ulcer other part of lower leg
I83.029	Varicose veins of left lower extremity with ulcer of unspecified site
I83.10	Varicose veins of unspecified lower extremity with inflammation
I83.11	Varicose veins of right lower extremity with inflammation
I83.12	Varicose veins of left lower extremity with inflammation
I83.201	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation
I83.202	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation
I83.203	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation
I83.204	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation
I83.205	Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation

I83.208	Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation
I83.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
I83.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
I83.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
I83.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
I83.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
I83.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
I83.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
I83.219	Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation
I83.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
I83.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
I83.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
I83.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
I83.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
I83.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
I83.229	Varicose veins of left lower extremity with both ulcer of unspecified site and inflammation
I83.811	Varicose veins of right lower extremity with pain
I83.812	Varicose veins of left lower extremity with pain
I83.813	Varicose veins of bilateral lower extremities with pain
I83.819	Varicose veins of unspecified lower extremity with pain
I83.891	Varicose veins of right lower extremity with other complications
I83.892	Varicose veins of left lower extremity with other complications
I82.893	Varicose veins of bilateral lower extremities with other complications
I83.899	Varicose veins of unspecified lower extremity with other complications
I87.2	Venous insufficiency (chronic) (peripheral)
I87.9	Disorder of vein, unspecified

## **Informational**

### **Vein Anatomy**

<b>Main Veins</b>	Greater Saphenous Vein (GSV), Superficial Saphenous Vein/Long Saphenous Vein (SSV/LSV)
<b>Accessory Veins</b>	Anterior Saphenous, Anterior Circumflex, Anterior Branch Lateral saphenous, Posterior Circumflex, Posterior medial branch

<b>Tributary Veins</b>	Smaller branches of all the above listed veins
<b>Perforator Veins</b>	Cockett's, Boyd's, Dodd's, Hunter's, May's, Kuster's
<b>Telangiectasia/Reticular Veins</b>	Spider veins (considered cosmetic)

### Common Abbreviations

- CFV – Common Femoral Vein
- PFV – Proximal Femoral Vein
- MFV – Mid Femoral Vein
- DFV – Distal Femoral Vein : positive compress
- PopV – Popliteal Vein: normal
- SFJ – Saphenofemoral Junction: normal
- AAGSV – Anterior Accessory Great Saphenous Vein
- PAGSV – Posterior Accessory Great Saphenous Vein
- PGSV – Proximal Great Saphenous Vein
- MGSV – Mid Great Saphenous Vein
- AAGSV Calf – Anterior Accessory Great Saphenous Vein Calf
- PAGSV Calf – Posterior Accessory Great Saphenous Vein Calf
- SPJ – Saphenopopliteal Junction
- PSSV – Proximal Small Saphenous Vein
- MSSV – Mid Small Saphenous Vein
- TESSV – Thigh Extension Small Saphenous Vein

The standard classification of venous disease is the **CEAP (Clinical, Etiologic, Anatomic, Pathophysiologic)** classification system:

<b>Class</b>	<b>Definition</b>
C <sub>0</sub>	No visible or palpable signs of venous disease
C <sub>1</sub>	Telangiectasies or reticular veins
C <sub>2</sub>	Varicose veins
C <sub>2r</sub>	Recurrent varicose veins
C <sub>3</sub>	Edema
C <sub>4</sub>	Changes in skin and subcutaneous tissue secondary to cardiovascular disease (CVD)
C <sub>4a</sub>	Pigmentation and eczema
C <sub>4b</sub>	Lipodermatosclerosis or atrophy blanche
C <sub>4c</sub>	Corona phlebectatica
C <sub>5</sub>	Healed
C <sub>6</sub>	Active venous ulcer
C <sub>6r</sub>	Recurrent active venous ulcer

S	Symptomatic
A	Asymptomatic

### **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.

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PRELIMINARY