



## Varicose Veins of the Lower Extremities Clinical Coverage Criteria

### Overview

Varicose veins are caused by venous insufficiency as a result of valve reflux (incompetence). The venous insufficiency results in dilated, tortuous, superficial vessels that protrude from the skin of the lower extremities. Spider veins (telangiectases) are dilated capillary veins that are most often treated for cosmetic purposes.

Accepted treatments for eliminating saphenous reflux (saphenofemoral or saphenopopliteal) include endoluminal radiofrequency ablation (RFA), endoluminal laser ablation (EVLA), polidocanol microfoam, cyanoacrylate embolization ablation, and mechanochemical ablation.

### Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Prior authorization is required. Photos need to be submitted. All veins to be treated must have documented reflux on ultrasound, including those after a prior procedure.

Interventional treatments must be performed using equipment and sclerosants approved by the FDA in accordance with FDA-approved Labeling (Instructions for Use).

For varicose vein and venous insufficiency treatment of lesser or greater saphenous veins and their tributaries, the member must have had:

1. A 3-month trial of conservative therapy such as exercise, periodic leg elevation, weight loss, compressive therapy, and avoidance of prolonged immobility where appropriate, has failed, AND
2. The patient is symptomatic and has one or more of the following:
  - Pain or burning in the extremity severe enough to impair mobility
  - Recurrent episodes of superficial phlebitis
  - Non-healing skin ulceration
  - Bleeding from a varicosity
  - Stasis dermatitis
  - Refractory dependent edema

For venous ligation, vein stripping and/or sclerotherapy, polidocanol microfoam sclerotherapy, cyanoacrylate embolization ablation, or mechanochemical ablation, the above criteria must be met.

For endoluminal therapy (radiofrequency or laser ablation) additional criteria must be met:

- Absence of aneurysm in the target segment
- Maximum vein diameter of 12 mm for ERFA or 20 mm for laser ablation
- Absence of thrombosis or vein tortuosity, which would impair catheter advancement

- The absence of significant peripheral arterial diseases

For tributary veins:

- Almost all cases of symptomatic varicosities are associated with reflux in the saphenous system. These symptomatic varicose tributaries of CEAP class C2 or higher can be treated at the same time or following treatment of the saphenous system.
- Symptomatic tributary veins can be treated using ambulatory phlebectomy techniques, also referred to as stab or hook or miniphlebectomy, involves avulsion of varicose veins through small stab wounds.
- Transilluminated powered phlebectomy (TIPP) is an alternative technique using a powered unit with an oscillating resector hand piece which allows decreased number of incisions and faster removal of a large amount of varicose veins.
- Symptomatic tributary veins can also be treated using sclerotherapy.

Stab phlebectomy of the same vein performed on the same day as endovenous radiofrequency or laser ablation may be covered if the criteria for reasonable and necessary as described in this policy are met.

If sclerotherapy is used with endovenous radiofrequency ablation, it may be covered if the criteria for reasonable and necessary as described in this policy are met.

Intra-operative ultrasound guidance is not separately payable with ERFA, laser ablation, and sclerotherapy.

One pre-operative Doppler ultrasound study or duplex scan will be covered.

## Exclusions

- The following treatments are not covered:
  - Surgery, endovenous ablation, or sclerotherapy are typically not performed for varicose veins that develop or worsen during pregnancy because most will spontaneously resolve or improve after delivery.
  - Reinjection following recanalization or failure of vein closure without recurrent signs or symptoms.
  - Sclerotherapy of the saphenous vein at its junction with the deep system.
  - Noncompressive sclerotherapy
  - Coil embolization
  - Sclerotherapy for large, extensive or truncal varicose veins/varicosities.
  - Sclerotherapy, ligation and/or stripping of varicose veins, or endovenous ablation therapy for patients with severe distal arterial occlusive disease; obliteration of deep venous system; an allergy to the sclerosant; or a hypercoagulable state.
  - Any interventional treatment that uses equipment or sclerosants not approved for such purposes by the FDA.
- Cosmetic surgery is not covered. The following treatments are considered cosmetic and will be denied as such:
  - Interventional treatment of asymptomatic varicose veins/varicosities
  - Treatment of telangiectases (CPT code 36568)
  - Sclerotherapy for cosmetic purposes

## Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

Fallon Health recognizes that multiple injections are needed to perform sclerotherapy and that responses differ due to the anatomical site being treated. Fallon would not expect to see more than three sclerotherapy sessions for each leg.

Only one sclerotherapy service per treatment session should be reported for either leg, regardless of how many veins are treated per session.

CPT code 37799 should be used to report Trivex procedure.

<b>Code</b>	<b>Description</b>
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 (eg, great saphenous vein, accessory saphenous vein)
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
36471	Injection 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 (eg, cyanoacrylate) 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 (eg, cyanoacrylate) 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)
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, 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, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37799	Unlisted procedure, vascular surgery

## References

1. National Government Services, Inc. Local Coverage Determination (LCD) for Varicose Veins of the Lower Extremity, Treatment of (L33575). Effective November 21, 2019. Available at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.
2. National Government Services, Inc. Local Coverage Article. Billing and Coding for Treatment of Varicose Veins of the Lower Extremity. Effective November 21, 2019. Available at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.
- 3.
4. MassHealth Guidelines for Medical Necessity Determination for Treatment of Varicose Veins of the Lower Extremities. Effective March 1, 2019. Available at: <https://www.mass.gov/files/documents/2019/02/28/mng-varicose-veins.pdf>.

## Policy history

Origination date: 05/01/2014  
Approval(s): Technology Assessment Committee 12/18/2013 (Adopted Interqual Criteria), 01/28/2015 (annual review), 01/27/2016 (annual review), 01/25/2017 (annual review), 01/24/2018 (annual review), 01/23/2019 (annual review); 05/27/2020 (adopted Fallon Health criteria)

*Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates 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. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.*