

Subject: Varicose Vein Procedures

Background: Chronic venous insufficiency (CVI), or Chronic Venous Disease (CVD). Is due to abnormally high pressure in the venous system, which normally has low pressure. This high pressure is caused by venous blood not properly getting out of the leg, either due to obstruction (such as a deep venous thrombosis) or refluxing blood flow due to incompetent vein valves. Varicose veins are dilated, tortuous veins under the surface of the skin which are commonly found in legs. While exact cause of varicose veins is unknown, factors commonly associated with increased risk of developing varicose veins include family history, age, and obesity. While many individuals with varicose veins are symptom free, some may experience pain or complications from varicose veins and require a medical intervention. Most common symptoms include heaviness, aching, swelling, throbbing, and itching. In many individuals experiencing symptoms as result of varicose veins, wearing specially fitted elastic stockings is appropriate treatment.

Varicose veins are abnormally enlarged and tortuous vessels that result when veins become incompetent, and this failure allows blood to flow in a retrograde direction (reflux). Varicose veins are most often noted on the back of the calf or on the inside of the leg between the groin and ankle, but can occur anywhere on the extremity. Chronic venous disease is commonly stratified using the CEAP (Clinical, Etiology, Anatomy, Pathophysiology) classification, of which the Clinical (C) grade is most commonly used, and grades venous disease based on the presence of dilated veins, (C2) edema, (C3) skin changes, (C4a and b) for ulceration (C5 healed ulcer, C6 open ulcer).

Authorization:

Prior authorization is required for varicose vein procedures provided in any setting (e.g. physician office, outpatient/ambulatory setting, surgical day care center) to members enrolled in Core (HMO, POS, PPO) products.

Policy and Coverage Criteria:

Harvard Pilgrim Health Care (HPHC) considers specific non-experimental for the treatment of symptomatic refluxing varicose veins of the lower extremity as reasonable and medically necessary for any of the listed procedures if all the following criteria are met:

- Ambulatory Phlebectomy (Stab or Hook Phlebectomy)
- Endovenous Laser Ablation (EVLA)
- Endovenous Radiofrequency Ablation (ERFA)
- Ligation and Stripping
- Sclerotherapy associated with other vein procedures
- Subfascial Endoscopic Perforator Surgery (SEPS)
- Transilluminated Powered Phlebectomy (TIPP)

General Eligibility Criteria for Axial Reflux:

Harvard Pilgrim Health Care (HPHC) considers treatment for varicose veins as reasonable and medically necessary when EITHER of the following criteria are met:

- Documentation confirms a history of ANY of the following:
 - Varicose vein(s) with significant symptoms (e.g., persistent pain, swelling, dependent heaviness,

- throbbing) that interfere with activities of daily living;
- Open or healed venous ulcer;
- Significant lipodermatosclerosis (LDS) related to venous insufficiency;
- Ruptured superficial varicosity with hemorrhage;
- Persistent or recurrent (≥ 2 episodes) symptomatic superficial thrombophlebitis.
- Persistent, symptomatic superficial thrombophlebitis.

Note: For members with symptomatic varicose veins or symptomatic superficial thrombophlebitis, there must be documentation demonstrating symptoms did not respond after at least 6 weeks of conservative therapy including use of appropriate prescription generated, pressure gradient compression stockings (≥ 20 -30 mm Hg), and NSAIDs (unless NSAIDs are contraindicated or not tolerated).

- Duplex ultrasound of the deep and superficial venous system (performed while patient is standing) confirms ANY of the following:
 - Reflux >1 second and venous diameter ≥ 3 mm in Great Saphenous Vein (GSV), Small Saphenous Vein (SSV), or Anterior Accessory Great Saphenous Vein (AAGSV).
 - Documentation should note venous measurements along the refluxing axial veins in scope of treatment.
 - Nonaxial varicose veins with diameter ≥ 3 mm (by physical exam or ultrasound)
 - Ultrasound documented competency or confirmation of successful ablation/removal of axial veins is required.
 - "Pathologic" perforating veins (i.e., outward flow of >500 msec duration, with a diameter of >3.5 mm) located beneath or associated with the ulcer bed, and no post thrombotic deep system incompetence
 - If GSV, SSV, or AAGSV is connected to this area, there must be documentation confirming the superficial vein has been successfully ablated/removed, and despite this treatment, the ulcer has not healed or has recurred.

Procedure-Specific Criteria:

Harvard Pilgrim Health Care (HPHC) considers the following procedures or combination of procedures as reasonable and medically necessary when General Eligibility Criteria above are met:

Procedure	Veins Involved
Ambulatory Phlebectomy	Authorized for ANY of the following: <ul style="list-style-type: none"> • Symptomatic secondary tributaries with diameter ≥ 3mm when duplex studies confirm no reflux of axial veins. • AAGSV with reflux >1 second and venous diameter ≥ 3 mm when EVLA or EVRA are contraindicated • Symptomatic secondary varicosities in the same vein field, in conjunction with, or after a successful main axial superficial vein ablation/removal performed within the past year or when duplex ultrasound studies performed within the last six months confirm successful ablation of axial vein.
Direct Open Ligation (under ultrasound)	Authorized for pathologic perforator vein(s) directly associated with a venous ulcer.

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g. Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

Procedure	Veins Involved
Endovenous Laser Ablation (EVLA)	Authorized for ANY of the following: <ul style="list-style-type: none"> • GSV, SSV, or AAGSV with reflux >1 second and venous diameter \geq 3 mm; OR • Pathologic perforator vein directly associated with a venous ulcer
Endovenous Radiofrequency Ablation (RFA)	Authorized for ANY of the following: <ul style="list-style-type: none"> • GSV, SSV, or AAGSV with reflux >1 second and venous diameter \geq 3 mm; OR • Pathologic perforator vein directly associated with a venous ulcer
Ligation and Stripping	Authorized for GSV, SSV, or AAGSV with reflux >1 second and venous diameter \geq 3 mm
Sclerotherapy (limited to a maximum of 3 procedures per vein field)	Authorized for ANY of the following: <ul style="list-style-type: none"> • Symptomatic secondary varicosities in the same vein field, in conjunction with, or after a successful main axial superficial vein ablation/removal performed within the past year; or duplex ultrasound, performed within the last six months, confirming that a prior ablation remains closed; Sclerotherapy authorized for remaining veins \geq3mm and \leq 6 mm diameter • Pathologic perforator vein directly associated with a venous ulcer
Microfoam Sclerotherapy (limited to a maximum of 3 procedures per vein field)	Authorized for ANY of the following: <ul style="list-style-type: none"> • Symptomatic secondary varicosities in the same vein field, in conjunction with, or after a successful main axial superficial vein ablation/removal performed within the past year or duplex ultrasound, performed within the last six months, confirming that a prior ablation remains closed; microfoam sclerotherapy authorized for remaining veins \geq3mm • GSV, SSV, or AAGSV with reflux >1 second and when varicosities are \geq 3 mm, after documentation confirmation of prior ablation failure
Subfascial Interruption or Subfascial Endoscopic Perforator Vein Surgery (SEPS)	Authorized for pathologic perforator vein(s) directly associated with a venous ulcer
Transilluminated Powered Phlebectomy (TIPP)	Authorized for ANY of the following: <ul style="list-style-type: none"> • AAGSV with reflux >1 second and venous diameter \geq 3 mm; OR

Procedure	Veins Involved
	<ul style="list-style-type: none"> • Symptomatic secondary varicosities in the same vein field, in conjunction with, or after a successful main axial superficial vein ablation/removal performed within the past year. (TIPP authorized for remaining veins ≥ 3mm in size)
Endomechanical Ablation (ClariVein)	Authorized for ANY of the following: <ul style="list-style-type: none"> • GSV, SSV, or AAGSV with reflux >1 second and venous diameter ≥ 3 mm; OR • Pathologic perforator vein directly associated with a venous ulcer

NOTE: All symptomatic axial veins in a single leg must be treated on the same date of service for all ablation procedures (e.g. RFA, EVLA).

Exclusions:

Harvard Pilgrim Health Care (HPHC) considers varicose veins procedures as not medically necessary for all other indications. In addition, HPHC does not cover:

- Treatment of varicose veins without significant symptoms, or in situations where coverage criteria are not met
- Cosmetic services or surgery including treatment of spider veins, broken blood vessels, reticular veins, or telangiectasias
- Investigational protocols or devices not listed above, including (but not limited to):
 - External transdermal photocoagulation or laser coagulation.
 - Intensive Pulsed Light therapy
 - VenaSeal Closure System
- Liquid or echosclerotherapy, performed for any of the following:
 - Treatment of main axial veins (GSV, SSV, AAGSV)
 - Sole treatment for varicose non-axial veins and varicose tributaries without associated or prior successful ablation of the main axial veins
 - Treatment of incompetent perforator veins without ulceration
 - Treatment of veins < 3 mm
- Conditions where treatment is contraindicated (e.g., by pregnancy, fever, prolonged limb immobilization, arterial insufficiency, coagulopathy or anticoagulation treatment, acute active thrombophlebitis)

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT Codes	Description
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 (e.g., 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 (e.g., great saphenous vein, accessory saphenous vein), same leg
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., 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 (e.g., 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)
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; 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; 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, laser; second and subsequent veins 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 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)
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
37799	Unlisted procedure, vascular surgery (used for less than 10 stab incisions see 37765)

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

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Summary of Changes:

Date	Changes
5/19	Annual Review; criteria updated
12/11/18	Revision of exclusions language
2/24/16	Added coding profile. Added exclusion: VenaSeal
2/15/15	Revise format. Update terminology (e.g., pathologic perforator vein) and references

Approved by Medical Policy Committee: 5/14/19

Approved by Clinical Policy Operational Committee: 11/04, 11/05, 12/06, 10/07, 10/08, 12/09, 12/10, 12/11, 11/12, 1/14, 2/15, 2/16, 12/18, 5/19

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Initiated: 11/04

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