

## **Subject: Procedures for the Treatment of Symptomatic Varicose Veins**

### **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.

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at [www.harvardpilgrim.org/providerportal](http://www.harvardpilgrim.org/providerportal). In some cases, clinical documentation and/or color photographs may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation —via HPHConnect Clinical Upload or secure fax (800-232-0816)
- Photographs— HPHConnect Clinical Upload function, email ([utilization\\_requests@harvardpilgrim.org](mailto:utilization_requests@harvardpilgrim.org)), or mail (Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169). Please note that photographs should not be faxed as faxed photos cannot be utilized in making a medical necessity determination.

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Resources and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the [instructions here](#).) Members may access these materials by logging into their online account (visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org), click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

### **Policy and Coverage Criteria:**

For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following InterQual® criteria:

- Ablation, Endovenous, Varicose Vein (2022)
- Ambulatory Phlebectomy, Varicose Vein (2022)
- Ligation/Excision, Varicose Vein, +/- Stripping (2022)
- Ligation, Subfascial, Endoscopy, Perforating Vein (2022)
- Sclerotherapy, Varicose Vein (2022)

NOTE: Endovenous Ablation of the greater and/or lesser saphenous vein requires duplex ultrasound documentation of sapheno-femoral junction reflux. Additionally, sclerotherapy requires documentation of varicosities greater than 3mm in diameter.

Requests for Polidocanol Endovenous Microfoam (Varithena) require documentation that vein segment(s) to be treated is non-amenable to alternative treatment, including physician compounded foam sclerotherapy, due to tortuosity of vein.

### **Exclusions:**

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

- Treatment of varicose veins 3mm or less as this is considered cosmetic (e.g. telangiectasia, spider veins, reticular veins)

- ClariVein Mechanochemical Ablation (MOCA)
- Treatment of varicose veins for cosmetic purposes
- VenaSeal closure system

### 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
<b>36465</b>	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)
<b>36466</b>	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
<b>36470</b>	Injection of sclerosing solution; single vein
<b>36471</b>	Injection of sclerosing solution; multiple veins, same leg
<b>36475</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
<b>36476</b>	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)
<b>36478</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
<b>36479</b>	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)
<b>37500</b>	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
<b>37700</b>	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
<b>37718</b>	Ligation, division, and stripping, short saphenous vein
<b>37722</b>	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
<b>37735</b>	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
<b>37760</b>	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
<b>37765</b>	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
<b>37766</b>	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions

CPT Codes	Description
<b>37780</b>	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
<b>37785</b>	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg

### 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.

### References:

- Hayes, a TractManager Company. Health Technology Assessment. Polidocanol Endovenous Microfoam (Varithena) 1% for Treatment of Varicose Veins. September 16, 2019. Accessed September 25, 2019. Health Technology Assessment
- Hayes, Inc. Hayes Health Technology Brief. Endovenous mechanochemical ablation (MOCA) (ClariVein Occlusion Catheter, Nonthermal Vein Ablation System [Vascular Insights, LLC]) for treatment of varicose veins. Lansdale, PA: Hayes, Inc.; March 12, 2015.
- Hayes, Inc. Hayes Health Technology Brief. Endovenous Mechanochemical Ablation (MOCA) (ClariVein Infusion Catheter, Nonthermal Vein Ablation System; Vascular Insights LLC) for Treatment of Varicose Veins. Lansdale, PA: Hayes Inc.; June 30, 2017.
- Milliman Care Guidelines, Saphenous Vein Ablation, Radiofrequency
- Passman M, MD. Approach to treating symptomatic superficial venous insufficiency. uptodate.com ©2019 UpToDate, Inc.
- Scovell S, MD, FACS. Liquid, foam, and glue sclerotherapy techniques for the treatment of lower extremity veins. www.uptodate.com ©2019 UpToDate, Inc.

### Summary of Changes:

Date	Changes
<b>6/23</b>	Annual Review; no changes
<b>4/22</b>	InterQual criteria adopted and coding updated for integration purposes with Tufts Health Plan (THP)
<b>8/21</b>	Criteria and coding updated
<b>4/21</b>	Annual review; no changes
<b>5/20</b>	Annual review, criteria and exclusions updated
<b>5/19</b>	Annual review; criteria updated
<b>12/11/18</b>	Revision of exclusions language
<b>2/24/16</b>	Added coding profile. Added exclusion: VenaSeal
<b>2/15/15</b>	Revise format. Update terminology (e.g., pathologic perforator vein) and references

**Approved by Medical Policy Committee: 6/21/23**

**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; 7/20; 5/21; 8/21; 4/22; 8/22; 7/23**

**Policy Effective Date: 08/01/23**

**Initiated: 11/04**