



Surgical Treatment of Varicose Veins and Venous Insufficiency

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Policy

The Medical Management Department reviews referral requests for authorization of surgical procedures for treatment of varicose veins and venous insufficiency of the lower extremities.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

To facilitate the authorization process referral requests must include the following:

1. Documentation of symptoms and physical exam findings related to varicose veins and/or venous insufficiency.
2. Results of ultrasound testing for reflux.
3. Documentation of unsuccessful trial of conservative therapies (applies to B.1d. only)

B. Criteria for Medical Necessity:

1. The following surgical treatments for **symptomatic** lower extremity varicose veins are considered medically necessary:

- Surgical ligation and stripping; **OR**
- Ambulatory (stab) phlebectomy; **OR**
- Subfascial endoscopic perforator surgery (for perforator veins); **OR**
- Transilluminated powered phlebectomy (TIPP) (e.g., TriVex™); **OR**
- Endovenous laser ablation treatment; **OR**
- Endovenous radiofrequency ablation.

If they meet **ONE** of the following symptom criteria:

- a. Recurrent minor hemorrhage or single major hemorrhage due to varicosity; **OR**
- b. Persistent ulceration secondary to venous stasis; **OR**
- c. Recurrent varicosities in patients who have undergone prior endovenous ablation procedures or stripping/division/ligation in the same leg; **OR**
- d. Recurrent superficial phlebitis or chronic symptoms related to the varicosities, (e.g., pain, burning, itching, cramping, or refractory swelling) that interferes with activities of daily living and that have failed a 3-month trial of **BOTH** of the following conservative treatments:
 - i. Compression stockings (minimum of 20-30mmHg) for at least 3 months immediately prior to surgical evaluation unless contraindicated, **AND**

- ii. Attempts at conservative treatment including, but not limited to leg elevation, weight loss, use of analgesics, etc.; **AND**

2. **Greater saphenous vein (GSV), small saphenous vein (SSV), and saphenous tributary veins including accessory saphenous vein (ASV)** intervention is considered to be medically necessary if **BOTH** of the following criteria are met:

- a. Reflux of ≥ 0.5 seconds (500ms) duration by recent (within 6 months from procedure) doppler/duplex ultrasonography at the saphenofemoral/thigh or saphenopopliteal/calf vein to be treated; **AND**
- b. Absence of DVT on ultrasound.

3. **Perforator vein** intervention is considered to be medically necessary if **ALL** the following criteria are met:

- a. Vein to be treated is sized 3.5 mm or greater in diameter; **AND**
- b. Reflux of ≥ 0.5 seconds (500ms) duration by recent (within 6 months from procedure) doppler/duplex ultrasonography at the vein to be treated; **AND**
- c. The perforator vein is pathologic which includes perforator veins located beneath a healed or open ulcer (e.g., CEAP classification C5 or C6, see definitions).

4. **Symptomatic** (as defined in B.1) adjunctive **accessory saphenous vein** intervention is considered medically necessary if **BOTH** the following criteria are met

- a. Patient has previously treated veins as listed under B.2; **AND**
- b. Persistent reflux of ≥ 0.5 seconds (500ms) duration by recent (within 6 months from procedure) doppler/duplex ultrasonography after removal/ablation of the GSV or SSV.

5. Up to three **symptomatic vein** (as defined in B.1) interventions by sclerotherapy per leg, in the lifetime of the health plan, is considered medically necessary when **ONE** of the following criteria are met:

- a. To treat spider veins in the presence of spontaneously bleeding telangiectasias; **OR**
- b. Residual or recurrent veins after surgical ligation or stripping, ambulatory phlebectomy, endovenous laser ablation treatment, or endovenous radiofrequency ablation within 3 months following the initial varicose vein surgery; **OR**
- c. Varicose veins are 2.5-4.0 mm in diameter, measured by recent ultrasound (within 6 months from procedure), and are being treated or have previously been treated for proximal incompetence (e.g., reflux). This may include tributaries, accessory, or perforator veins. Photographs are required; **OR**
- d. Sclerotherapy treatment of an ulcer with surrounding large superficial varices, when not associated with saphenofemoral or saphenopopliteal valve incompetence.

C. Indications Considered Experimental, Investigational or not Medically Necessary: *(Not an all-inclusive list)*

- 1. Transdermal laser treatment for the treatment of large varicose veins.
- 2. Photothermal sclerosis (also referred to as an intense pulsed light source, e.g., the PhotoDerm Vasculight), for the treatment of small varicose veins, 0.1-3mm diameter.
- 3. Sclerotherapy treatment of veins < 2.5 mm and > 4.0 mm in diameter.
- 4. Sclerotherapy treatment of spider veins/telangiectasias without the presence of spontaneous bleeding.
- 5. Treatment of asymptomatic varicose veins.
- 6. Sclerotherapy of residual veins > 3 months following the initial varicose vein surgery.
- 7. > 3 sclerotherapy treatments, per leg, in the lifetime of the health plan.
- 8. Endovenous Microfoam (e.g., Varithena™)

9. Cryostripping, including cryoablation or cryofreezing of any vein.
10. Interventional treatment that uses technology that has not been approved by the FDA.
11. Surgical or ablative or sclerotherapy treatment of varicose veins during pregnancy.
12. Endomechanical ablation (e.g., Clarivein).

HCPCS/CPT CODES

36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg
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)
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, subfacial, radical 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

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