

VARICOSE VEIN TREATMENT:

Endovenous Laser Therapy, Endoluminal Radiofrequency Ablation and Sclerotherapy

Effective Date: January 1, 2018

Review Dates: 1/93, 2/95, 12/99, 12/01, 6/02, 6/03, 12/03, 11/04, 10/05, 10/06, 6/07, 6/08, 6/09, 6/10, 10/10, 10/11, 10/12, 10/13, 11/14, 11/15, 11/16, 11/17, 11/18

Date of Origin: March 19, 1990

Status: Current

I. POLICY/CRITERIA

Varicose vein treatment is a covered benefit when medically necessary as outlined below. The treatment of spider veins or telangiectasia of the lower extremities is considered cosmetic and is not a covered benefit.

1. Treatment of varicose veins is covered when ALL of the following exists:
 - a. The patient is symptomatic and has one or more of the following:
 - Documented history of complications of venous stasis (dermatitis, ulceration, subcutaneous induration);
 - History of hemorrhage of large varicosities;
 - Significant leg aching, heaviness, or cramps and/or swelling during activity or after prolonged standing, severe enough to impair mobility;
 - Recurrent episodes of superficial phlebitis in the affected area;
 - Refractory dependent edema due to the varicosities
 - b. A three-month trial of conservative therapy such as exercise, periodic leg elevation, weight loss, compressive therapy, and avoidance of prolonged immobility where appropriate, has failed.
 - c. Maximum vein diameter of 20 mm for ERFA or 30 mm for EVLT.
 - d. Absence of thrombosis or significant vein tortuosity, which would impair catheter advancement.
 - e. Absence of significant peripheral arterial diseases.
2. The following procedures **are covered** when medical necessity criteria in #1 above are met:
 - a. Excision
 - b. Ligation
 - c. Stab phlebectomy
 - d. Sclerotherapy
 - e. Venaseal/cyanoacrylate embolization (CAE)
 - f. Endoluminal radiofrequency ablation (ERFA or VNUS) of greater or lesser saphenous vein, if ultrasound shows evidence of venous reflux
 - g. Endovenous Laser Therapy (EVLT) of greater and/or lesser saphenous vein, if ultrasound shows evidence of venous reflux

- h. ERFA or VNUS for perforator veins is a covered benefit when **ALL** of the following are met:
 - 1. Doppler and/or Duplex ultrasonography evaluation and report, performed no more than 12 months prior to the requested procedure, confirms reflux of the incompetent perforator vein and location on the medial aspect of the calf being treated
 - 2. Failure or intolerance of medically supervised conservative management, including but not limited to compression stocking therapy, for at least three consecutive months
 - 3. Documentation of at least **ONE** of the following conditions:
 - venous stasis dermatitis/ulceration
 - chronic venous insufficiency
 - i. Subfascial endoscopic perforator surgery (SEPS) is a covered benefit when **ALL** of the following are met:
 - 1. Doppler and/or Duplex ultrasonography, performed no more than 12 months prior to the requested procedure, confirms reflux of the incompetent perforator vein and location on the medial aspect of the calf being treated.
 - 2. Failure or intolerance of medically supervised conservative management, including but not limited to compression stocking therapy, for at least three consecutive months
 - 3. Documentation of at least **ONE** of the following conditions:
 - venous stasis dermatitis/ulceration
 - chronic venous insufficiency
3. The following procedures are **not covered** as there is insufficient evidence to conclude benefits and efficacy:
- a. Transilluminated Powered Phlebectomy (TIPP)
 - b. ERFA for accessory veins
 - c. EVLT for accessory or perforator veins
 - d. Endomechanical or mechanochemical ablative approach (e.g., ClariVein™ Catheter)
4. Limitations:
- a. Intra-operative ultrasound guidance is included as part of the surgical procedure code(s) for ERFA and EVLT, and is not separately payable.
 - b. The sclerosant itself is included as part of the surgical procedure code(s) for sclerotherapy and is therefore not separately payable.
 - c. The treatment of asymptomatic varicose veins, or of symptomatic varicose veins without a 3 month trial of conservative therapy, is not covered.
 - d. The treatment of spider veins or superficial telangiectasias is considered cosmetic, and therefore not covered, unless there is associated bleeding.

- e. Coverage is only for FDA devices specifically approved for these procedures.
- f. One pre-operative Doppler ultrasound study or duplex scan will be covered.
- g. Post-procedure Doppler ultrasound studies will be allowed if medically necessary for continuing symptoms.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Varicose veins are abnormally enlarged and tortuous vessels caused by incompetent valves in the venous system that allow blood leakage or reflux. They are the visible surface manifestation of an underlying syndrome of venous insufficiency. Venous insufficiency syndromes allow venous blood to escape from its normal flow path and flow in a retrograde direction down into an already congested leg.

Mild forms of venous insufficiency are merely uncomfortable, annoying, or cosmetically disfiguring. This condition can become clinically important when symptoms such as cramping, throbbing, burning, swelling, feeling of heaviness or fatigue, and alterations in skin pigmentation in the afflicted area become pronounced. Severe varicosities may be associated with dermatitis, ulceration, and thrombophlebitis.

First-line treatment of varicose veins includes conservative methods such as exercise, weight reduction, elevation of the legs, avoidance of prolonged immobility, or compression therapy. When these measures fail, medium to large incompetent veins may be treated with surgical stripping, ligation, sclerotherapy, endovenous laser therapy (EVLT), or endoluminal radiofrequency ablation (ERFA). EVLT involves ultrasonography to evaluate the veins, infiltration of the area to be treated with local anesthetic, and passage of an optical fiber into and along the length of the Great Saphenous Vein (GSV) or Lesser Saphenous Vein (LSV).

ERFA, (also known as VNUS® Closure System), delivers RF heat to the vein causing contraction and occlusion.

Sclerotherapy is the injection of a chemical sclerosant into the affected vein wall after it has been emptied of blood.

V. CODING INFORMATION

ICD-10 Codes that may apply:

I80.00 - I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremity
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
I83.001 – I83.029	Varicose veins of lower extremity with ulcer
I83.10 – I83.12	Varicose veins of lower extremity with inflammation
I83.201 - I83.229	Varicose veins of lower extremity with both ulcer and inflammation
I83.811 - I83.819	Varicose veins of lower extremities with pain
I83.891 - I83.899	Varicose veins of right lower extremities with other complications
I87.011 - I87.019	Postthrombotic syndrome with ulcer of lower extremity
I87.021 - I87.029	Postthrombotic syndrome with inflammation of lower extremity
I87.031 - I87.039	Postthrombotic syndrome with ulcer and inflammation of lower extremity
I87.091 - I87.099	Postthrombotic syndrome with other complications of lower extremity
I87.2	Venous insufficiency (chronic) (peripheral)
I87.311 - I87.319	Chronic venous hypertension (idiopathic) with ulcer of lower extremity

I87.321 - I87.329	Chronic venous hypertension (idiopathic) with inflammation of lower extremity
I87.331- I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation of lower extremity
I87.391 - I87.399	Chronic venous hypertension (idiopathic) with other complications of lower extremity
I87.8	Other specified disorders of veins
I87.9	Disorder of vein, unspecified

M79.604 – M79.609 Pain in limb (leg)

M79.661 - M79.669 Pain in lower leg

CPT/HCPCS Codes

75820	Venography, extremity, unilateral, radiological supervision and interpretation
75822	Venography, extremity, bilateral, radiological supervision and interpretation
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
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) Code effective 1/1/2018
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 Code effective 1/1/2018
36470	Injection of sclerosing solution; single incompetent vein (other than telangiectasia)
36471	Injection of sclerosing solution; multiple incompetent veins (other than telangiectasia), 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)

- 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)
- 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), with or without skin graft, open
- 37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
- 37765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
- 37766 Stab phlebectomy of varicose veins, one extremity; more than 20 incisions division, and/or excision of varicose vein cluster(s), one leg
- 37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
- 37785 Ligation, division, and/or excision of varicose vein cluster(s), one leg

NOT COVERED Diagnoses

All general surgical services performed for these “Not Covered Diagnoses” will be denied as not covered.

ICD-10 Codes that are not covered:

- I83.90 – I83.93 Asymptomatic varicose veins of lower extremity
- Z41.1 Encounter for cosmetic surgery

Not Covered Procedures

- 36468 Injections of sclerosant for spider veins (telangiectasia); limb or trunk
- 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)
- 37799 Unlisted procedure, vascular surgery - *Not covered if billed for Transilluminated Powered Phlebectomy.*
(Explanatory notes must accompany claim)
- S2202 Echosclerotherapy

Special Notes: This policy was previously entitled “Sclerotherapy for Varicose Veins”

VI. REFERENCES

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