

VARICOSE VEIN TREATMENT:**Endovenous Laser Therapy, Endoluminal Radiofrequency Ablation and Sclerotherapy**

Effective Date: January 1, 2025

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Status: Current

Date of Origin: March 19, 1990

Summary of Changes

Changes:

- Priority Health now considers specific procedures or services for the treatment of varicose veins medically necessary when the applicable InterQual® criteria are met.

I. POLICY/CRITERIA

Priority Health may consider specific procedures or services for the treatment of varicose veins medically necessary when the applicable **InterQual®** criteria are met. Procedures include the following:

Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein

- Cyanoacrylate Closure (CAC)
- Endovenous Ablation
- Endovenous Laser Ablation (EVLA)
- Endovenous Nonthermal Ablation
- Endovenous Thermal Ablation
- Mechanochemical Ablation (MOCA)
- Radiofrequency Ablation (RFA)
- Ultrasound-Guided Foam Sclerotherapy (UGFS)

Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein

- Foam Sclerotherapy
- Microfoam Sclerotherapy
- Ultrasound-Guided Foam Sclerotherapy (UGFS)

Subfascial Endoscopic Perforator Surgery (SEPS)

*Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein
Phlebectomy, Lower Extremity Superficial Tributary Varicose Vein*

- Ambulatory Phlebectomy
- Ambulatory Selective Variceal Ablation Under Local Anesthesia (ASVAL)

- Hook Phlebectomy
- Microphlebectomy
- Mini Phlebectomy
- Stab Avulsion
- Stab Phlebectomy
- Transilluminated Powered Phlebectomy (TIPP)

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

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) and/or the Evidence of Coverage (EOC); 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

InterQual®

InterQual® Procedures criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included:

- PubMed
- Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Reviews
- the Cochrane Library
- Choosing Wisely
- Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations
- the National Institute of Health and Care Excellence (NICE), and
- the National Guideline Clearinghouse.

Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been used. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

V. CODING INFORMATION

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 (covered for Medicare under LCD criteria)
37799	Unlisted procedure, vascular surgery - Not covered if billed for Transilluminated Powered Phlebectomy; Covered for stab phlebectomy if less than 10 stab incision. (Explanatory notes must accompany claim)
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring

CPT/HCPCS Codes

The below CPT codes are subject to review of InterQual® criteria (require prior authorization)

- 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 (e.g., great saphenous vein, accessory saphenous vein), same leg
- 36470 Injection of sclerosing solution; single incompetent vein (other than telangiectasia)
- 36471 Injection of sclerosing solution; 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; 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
- 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
- 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

Other related CPT codes *(Do not require prior authorization)*

- 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
- 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
- S2202 Echosclerotherapy (Not Separately Payable)

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

AMA CPT Copyright Statement:

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