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Treatment of Varicose Veins

Policy Number: MM.06.016	**Current Effective Date:** July 28, 2023
Lines of Business: PPO; HMO; QUEST Integration	**Original Effective Date:** April 15, 2005
Place of Service: Outpatient	**Precertification:** Required, see Section IV

I. Description

Varicose veins are veins of the lower extremities that become irregularly swollen or enlarged and may cause itching, heaviness, fatigue, and pain. Complications can be caused by peripheral edema due to venous insufficiency, hemorrhage, thrombophlebitis, venous ulceration, and chronic skin changes.

Treatment of symptomatic varicose veins involves two phases; the first is to eliminate the refluxing saphenous vein and the second is to eliminate the visible, superficial varices. Preservation of the saphenous vein using conservative treatment is of great importance as this vessel may be needed for future vascular or cardiovascular surgery.

II. Policy Criteria

A. Surgical treatment of varicose veins is covered (subject to Limitations and Administrative Guidelines) when the following criteria are met:
   1. The individual is symptomatic. An individual is considered symptomatic if **ANY** of the following signs and symptoms are present and documented in the individual's medical record:
      a. Stasis ulcer of the lower leg
      b. Significant pain and/or significant edema that interferes with activities of daily living
      c. Bleeding associated with the diseased vessels of the lower extremities
      d. Recurrent episodes of superficial phlebitis
      e. Stasis dermatitis, or
      f. Refractory dependent edema
   2. An 8-week trial of conservative therapy has been ineffective. Conservative therapy must include the use of compression stockings
   3. Doppler ultrasound or duplex scan has verified reflux at the saphenofemoral or saphenopopliteal junction, reflux in incompetent perforator veins, or axial reflux in the great saphenous or collateral vein

B. The following types of surgery are covered for the conditions indicated:
   1. Ligation and stripping, endovenous radiofrequency or laser ablation of the greater or lesser (small/short) saphenous veins in patients with saphenofemoral reflux or axial reflux of the great or lesser (small/short) saphenous veins
   2. Mechanicochemical ablation (e.g. Clarivein) of the greater or or lesser (small/short) saphenous veins in patients with saphenofemoral reflux or axial reflux of the great or lesser (small/short) saphenous veins
   3. Endoluminal ablation in patients with greater saphenous vein reflux or small saphenous vein reflux as documented by Doppler ultrasonography

4. Stab avulsion, hook phlebectomy, sclerotherapy or transilluminated powered phlebectomy as adjuvant treatment of varicose veins concomitant with or after the underlying cause (reflux) is addressed
5. Sclerotherapy as the sole treatment of varicose tributaries without associated ligation of the saphenofemoral junction and stripping of the saphenous vein when at least one of the following criteria are met and the supporting clinical documentation is submitted:
    a. There is need for preservation of the saphenous vein for possible bypass surgery in the future
    b. The patient is very young and surgical removal will be premature
    c. The patient is very old or medically fragile and surgical removal would be excessive
    d. The patient is inactive and removal of the saphenous vein would serve no useful purpose
    e. The patient is not in need of long-term control of venous reflux; such patients will include:
        i. An older patient with recurrent bleeding from varicose blebs
        ii. An older patient with recurrent thrombophlebitis in varicose tributaries
6. Retrograde injections of the sclerosing solution after ligation of the saphenofemoral junction when upper thigh branches are thought to be a source of recurrent varicosities
7. Sclerotherapy or ligation of incompetent perforators when duplex scanning verifies reflux of the vessels and varicosities result
8. Sclerotherapy of superficial telangiectasias also known as spider veins when they threaten or cause rupture with spontaneous bleeding
9. Ablation of incompetent perforator veins by thermal, laser, or radiofrequency ablation may be covered on a case-by-case basis in patients with severe skin changes or ulceration caused by these perforators and who have been resistant to other forms of conservative treatment

III. Limitations

A. Sclerotherapy of the greater saphenous vein, with or without associated ligation of the saphenofemoral junction, is not covered because it is not known to improve health outcomes.
B. Indications or conditions not listed in this policy are considered cosmetic and are not covered.
C. Energy, mechanical, or chemical based ablation of veins other than those listed in this policy are not covered because they are not known to be effective in improving health outcomes.
D. Post procedure ultrasound is covered only when there is documentation of a medically significant condition. Routine post procedure ultrasound is not covered.

IV. Administrative Guidelines

A. Precertification is required for the asterisked (*) procedure codes below. To precertify, please complete HMSA's Precertification Request and mail or fax the form, or use iExchange as indicated along with documentation demonstrating that criteria have been met.
B. All the following documentation must be submitted:
    1. Results of imaging studies;
    2. Clinical notes describing symptoms and physical findings; and
    3. Documentation of failure of conservative treatment.
C. Procedures performed over the course of more than 1 day/session must have clear documentation in the medical record for the specific reasons that each additional day/session is medically necessary.

D. Precertification is required for repeat sclerotherapy. Documentation of persistent functional complaints must be submitted.
E. Documentation for follow up ultrasound and additional procedures must be maintained in the medical record and made available to HMSA upon request. HMSA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.

CPT Code	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 (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 (eg, great saphenous vein, accessory saphenous vein), same leg
36468*	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
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*	;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, radio frequency; first vein treated
36476*	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radio frequency; second and subsequent veins treated in a single extremity, each through separate access sites
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 single extremity, each through separate access sites
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. New code effective 01/01/2018.
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). New code effective 01/01/2018.
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, 1 leg
37761*	Ligation of perforator veins, subfascial, open, including ultrasound guidance, when performed, 1 leg (Modifier 50 if done bilaterally)
37765*	Stab phlebectomy of varicose veins, one 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
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg
37799*	Unlisted procedure, vascular surgery
76942	Ultrasonic guidance for needle placement (e.g. biopsy, aspiration, injection, localization device), imaging supervision and interpretation

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), or for Quest members under Hawaii Administrative Rules (HAR 1700.1-42), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References

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3. Blue Cross Blue Shield Association. Treatment of Varicose Veins/Venous Insufficiency (draft). Medical Policy Reference Manual. Policy #7.01.124. November 2014.
4. Boersma D, van Eekeren RR, Werson DA, van der Waal RI, Reijnen MM, de Vries JP. Mechanochemical endovenous ablation of small saphenous vein insufficiency using the ClariVein device: one-year results of a prospective series. Eur J Vasc Endovasc Surg. 2013 Mar; 45(3):299-303.
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6. Elias S, Raines JK. Mechanochemical tumescentless endovenous ablation: final results of the initial clinical trial. Phlebology. 2012 Mar; 27(2):67-72.
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11. Neglen P, Einarsson E, Eklof B. The functional long-term value of different types of treatment for saphenous vein incompetence. J Cardiovasc Surg (Torino) 1993; 34(4):295-301.
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13. van Eekeren RR, Boersma D, Elias S, Holewijn S, Werson DA, de Vries JP, Reijnen MM. J Endovenous mechanochemical ablation of great saphenous vein incompetence using the ClariVein device: a safety study. Endovasc Ther. 2011 Jun; 18(3):328-34.
14. Vin F, Chleir, F, Allaert FA. An ambulatory treatment of varicose veins associating surgical section and sclerotherapy of large saphenous veins (3S Technique). Preliminary study with results at one year. Dermatol Surg 1996; 22(1):65-70.

VII. Policy History

Action Date	Action
August 17, 2004	Policy reviewed by External Consultant Robert Kistner, M.D. (Vascular Surgery)
August 18, 2004	Policy reviewed by Medical Director Mark Mugiishi, M.D.
September 21, 2004	Policy approved by Medical Directors
October 8, 2004	Policy approved by UMC
January 11, 2005	Policy approved by QIC
February 15, 2005	Provider notice issued
August 3, 2005	Policy reviewed by Medical Director Mark Mugiishi, M.D.
August 16, 2005	Policy approved by Medical Directors
September 16, 2005	Policy approved by UMC
November 23, 2005	Major revision reviewed by Medical Director Mark Mugiishi, M.D. (Treatment of Varicose Veins replaces Sclerotherapy policy)
December 26, 2005	Policy reviewed by External Consultant Robert Kistner, M.D. (Vascular Surgery)
January 17, 2006	Policy approved by Medical Directors
February 17, 2006	Policy approved by UMC
March 14, 2006	Policy approved by QIC
	Policy reviewed by Mark Mugiishi, M.D.
February 6, 2007	Policy approved by Medical Directors
February 16, 2007	Policy approved by UMC
January 2, 2008	Policy reviewed by Medical Director, Mark Mugiishi, M.D.
January 15, 2008	Policy approved by Medical Directors
February 15, 2008	Policy approved by UMC
January 16, 2009	Policy reviewed by Medical Director, Mark Mugiishi, M.D.
January 20, 2009	Policy approved by Medical Directors

February 27, 2009	Policy approved by UMC
December 31, 2009	Policy reviewed by Medical Director, Mark Mugiishi, M.D.
January 5, 2010	Policy approved by Medical Directors
January 22, 2010	Policy approved by UMC
January 14, 2011	Policy reviewed by Medical Director, Mark Mugiishi, M.D.
January 18, 2011	Policy approved by Medical Directors
January 28, 2011	Policy approved by UMC
February 1, 2012	Policy reviewed by Medical Director, Mark Mugiishi, M.D.
January 7, 2012	Policy approved by Medical Directors
February 24, 2012	Policy approved by UMC
January 31, 2013	Policy reviewed by Medical Director, Mark Mugiishi, M.D.
February 5, 2013	Policy approved by Medical Directors
March 7, 2013	Policy approved by UMC (special meeting)
January 28, 2014	Policy reviewed by Medical Director, Mark Mugiishi, M.D.
February 4, 2014	Policy approved by Medical Directors
February 21, 2014	Policy approved by UMC
January 5, 2015	Policy reviewed by Medical Director, Mark Mugiishi, M.D.
January 20, 2015	Policy approved by Medical Directors
January 23, 2015	Policy approved by UMC
March 15, 2016	Policy reviewed by Medical Director, Peter Halford, M.D.
March 15, 2016	Policy approved by Medical Directors at OMD
March 25, 2016	Policy approved by UMC
May 23, 2017	Policy reviewed by Medical Director, Peter Halford, M.D.
June 6, 2017	Policy approved by Medical Directors at OMD
June 23, 2017	Policy approved by UMC
January 16, 2018	Added 36482 and 36483 to codes requiring precertification
March 27, 2018	Added 36465 and 36466 to codes requiring precertification
September 1, 2020	Policy reviewed by Medical Director, Peter Halford, M.D.
October 06, 2020	Policy approved by Medical Directors at OMD
October 23, 2020	Policy approved by UMC
July 30,2021	Policy reviewed by Medical Director Peter Halford, M.D.
August 3, 2021	Policy approved by Medical Directors
August 18, 2021	Policy approved by UMC
July 27, 2022	Policy reviewed by Medical Director Peter Halford, M.D.
August 16, 2022	Policy approved by Medical Directors
August 26, 2022	Policy approved by UMC
June 20, 2023	Policy reviewed by Medical Director Peter Halford, M.D.
July 5, 2023	Policy approved by Medical Directors
July 28, 2023	Policy approved by UMC