

Title: Varicose Vein Therapy	Division: Medical Management Department: Utilization Management
Approval Date: 08/14/17	LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, Gold Care I&II, Market Plus, Essential, HARP
Effective Date: 8/14/17	Policy Number: UM-MP214
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A. POLICY DESCRIPTION: This policy describes the conditions under which MetroPlus will cover treatment of varicose veins. For the Medicare and UltraCare lines of business, MetroPlus determines medical necessity based on applicable Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD).

B. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

C. DEFINITIONS:

1. Division: Cutting the vein to prevent blood flow after ligation is performed.
2. Endovenous Ablation: A minimally invasive procedure that uses heat generated by laser or radiofrequency energy to seal off damaged veins.
3. Greater saphenous vein (GSV): Originates from the dorsal arch of the foot and progresses medially and proximally along the distal extremity to join the common femoral vein.
4. Ligation: Inserting sutures around a vein and tying the vein off to interrupt the blood flow.
5. Phlebectomy: Removing small lengths of vein through a small incision or "stab".
6. Reticular Veins: Dilated, nonpalpable, subdermal veins measuring 1-3mm in diameter.
7. Sclerotherapy: Introducing a chemical substance into a vein causing the vein to scar and close.
8. Small saphenous vein (SSV): Superficial vein of the calf.
9. Spider Telangiectasias: Dilated intradermal venules measuring less than 1mm in diameter.
10. Stripping: Surgical removal of lengths of a vein.
11. Truncal (Axial) veins. Relatively large superficial veins running caudally-cranially along the lower extremity; the smaller tributary veins drain into the truncal veins. Some CPT codes apply only to truncal veins. For the purpose of approval and billing each of these four truncal veins is one vein:
 - a. Greater Saphenous Vein-A vein with an origin at the sapheno-femoral junction near origin of the femoral vein; the vein terminates in the foot.
 - b. The small saphenous vein, also known as the lesser saphenous vein, runs from the dorsum of the foot to the proximal 1/3 of the leg, where it penetrates the deep fascia passing between the heads of the gastrocnemius muscle to into the popliteal vein. The cranial extension of this vein has been called the Vein of Giacomini (intersaphenous vein).
 - c. Anterior accessory saphenous vein- runs medial to and parallel to the great saphenous vein, draining to the great saphenous vein just distally to where the great saphenous vein empties into the femoral vein.
 - d. Posterior accessory saphenous vein-The origin in the distal posterior thigh, often the origin is the cranial extension of the small saphenous vein. The vein runs medially and joins the great saphenous vein, usually 5-10 cm distal to the sapheno-femoral junction.
12. Varicose Veins: Dilated, palpable, subcutaneous veins greater than 3mm in diameter. This measurement cannot be taken at the junction.

D. POLICY:

Treatment for varicose veins may be approved after a history and physical examination, performed within the last 3 months, which shows some evidence of dysfunction, such as: bleeding, pruritis, skin erosion, poor circulation manifested by delayed capillary refill or unexpected absence of hair growth, or a Clinical, Etiological, Anatomical, and Pathophysiological (CEAP) classification of 2 or greater. In addition, a doppler or duplex ultrasound of the limb is required within 6 months of the request. If the patient has had

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varicose vein treatment, the doppler for the latest request must have been performed after the latest treatment.

When a request is submitted for a patient with prior varicose vein treatment, the new request should include the prior varicose vein treatment history.

1. **Ligation, subfascial endoscopic surgery** for the treatment of perforating veins associated with chronic venous insufficiency is considered medically necessary when InterQual criteria are met.
2. **Endovenous Ablation, Endovenous Thermal Ablation, Radiofrequency Ablation (RFA)** for the treatment of the great saphenous vein (GSV), anterior accessory great saphenous vein (AAGSV), or small saphenous veins (SSV) is considered medically necessary when all the following are met:
 - a. Previous ablation of the same vein, on the same extremity, has not been performed within the previous 6 weeks nor more than 3 times in the previous 12 months.
 - b. InterQual criteria are met.
3. **Sclerotherapy or echo sclerotherapy including ultrasound guided foam sclerotherapy (UGFS)** truncal veins (defined above), or perforator veins is considered medically necessary for a maximum of 20 injections per lower extremity, per lifetime when all the following are met:
 - a. The vein being treated is 3.0mm or greater in diameter.
 - b. For perforator veins, the presence of venous ulcer or history of venous ulcer and procedure is being done to prevent recurrence.
 - c. InterQual criteria are met.
4. **Subfascial endoscopic perforator surgery (SEPS)** is considered medically necessary when used for treatment of one of the following confirmed conditions:
 - a. Venous stasis dermatitis/ulceration
 - b. Chronic venous insufficiency
5. **Ambulatory Phlebectomy** for treating varicose veins is considered medically necessary if InterQual criteria are met.
6. **The following treatments are considered not medically necessary due to insufficient evidence of efficacy:**
 - a. Photothermal sclerosis.
 - b. Transdermal laser treatment.
 - c. Endomechanical or mechanicochemical ablation.
 - d. Asclera polidocanol injection (which is a cosmetic treatment, FDA-approved only for veins < 3mm.)
 - e. Micronized purified flavonoid fraction.
 - f. VeinGogh Ohmic Thermolysis System.
 - g. Use of medical adhesive such as VariClose Vein Sealing System or VenaSeal Closure System.
 - h. Polymorphism genotyping of matrix metalloproteinases genes.
 - i. Synthetic matrix metalloproteinases inhibitors.
 - j. Measurements of plasma growth factors.
 - k. Endovenous ablation for treatment of reflux of the common femoral vein.
 - l. Sclerotherapy for treatment of reflux of iliac vein, the saphenofemoral junction or saphenopopliteal junction because sclerotherapy has not been proven to be effective for treatment of junctional reflux.

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- m. VeinOPlus vascular device for the treatment of muscle atrophy due to varicose veins.
- n. Any interventional treatment that uses equipment or sclerosants not approved for such purposes by the FDA.

7. Coverage Exclusion

- a. Treatment using sclerotherapy or various laser treatments including tunable dye or pulsed dye laser of the telangiectasia veins (reticular, capillary, or venule) which may be described as “spider veins” or “broken blood vessels”.
- b. Sclerotherapy for the great saphenous vein or varicose veins greater than 12mm in diameter.
- c. Treatment of incompetent perforator veins without presence of venous ulcer or history of venous ulcer and procedure is being done to prevent recurrence.

E. APPLICABLE PROCEDURE CODES:

CPT	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 (e.g., 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 vein
36471	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	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	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)
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), 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, one extremity; 10-20 stab incisions [ambulatory]
37766	more than 20 incisions [ambulatory]
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
37799	Unlisted procedure, vascular surgery (Stab phlebectomy of varicose veins, one extremity; less than 10 stab incisions)
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
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
J3490	Unclassified drugs
S2202	Echosclerotherapy

F. APPLICABLE DIAGNOSIS CODES:

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CODE	Description
180.00	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
180.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
180.02	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
180.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
180.10	Phlebitis and thrombophlebitis of unspecified femoral vein
180.11	Phlebitis and thrombophlebitis of right femoral vein
180.12	Phlebitis and thrombophlebitis of left femoral vein
180.13	Phlebitis and thrombophlebitis of femoral vein, bilateral
180.201	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
180.202	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity
180.203	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral
180.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
180.221	Phlebitis and thrombophlebitis of right popliteal vein
180.222	Phlebitis and thrombophlebitis of left popliteal vein
180.223	Phlebitis and thrombophlebitis of popliteal vein, bilateral
180.229	Phlebitis and thrombophlebitis of unspecified popliteal vein
180.231	Phlebitis and thrombophlebitis of right tibial vein
180.232	Phlebitis and thrombophlebitis of left tibial vein
180.233	Phlebitis and thrombophlebitis of tibial vein, bilateral
180.239	Phlebitis and thrombophlebitis of unspecified tibial vein
180.291	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
180.292	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
180.293	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
180.299	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
180.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
183.001	Varicose veins of unspecified lower extremity with ulcer of thigh
183.002	Varicose veins of unspecified lower extremity with ulcer of calf
183.003	Varicose veins of unspecified lower extremity with ulcer of ankle
183.004	Varicose veins of unspecified lower extremity with ulcer of heel and midfoot
183.005	Varicose veins of unspecified lower extremity with ulcer other part of foot
183.008	Varicose veins of unspecified lower extremity with ulcer other part of lower leg
183.009	Varicose veins of unspecified lower extremity with ulcer of unspecified site
183.011	Varicose veins of right lower extremity with ulcer of thigh
183.012	Varicose veins of right lower extremity with ulcer of calf
183.013	Varicose veins of right lower extremity with ulcer of ankle
183.014	Varicose veins of right lower extremity with ulcer of heel and midfoot

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183.015	Varicose veins of right lower extremity with ulcer other part of foot
183.018	Varicose veins of right lower extremity with ulcer other part of lower leg
183.019	Varicose veins of right lower extremity with ulcer of unspecified site
183.021	Varicose veins of left lower extremity with ulcer of thigh
183.022	Varicose veins of left lower extremity with ulcer of calf
183.023	Varicose veins of left lower extremity with ulcer of ankle
183.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
183.025	Varicose veins of left lower extremity with ulcer other part of foot
183.028	Varicose veins of left lower extremity with ulcer other part of lower leg
183.029	Varicose veins of left lower extremity with ulcer of unspecified site
183.10	Varicose veins of unspecified lower extremity with inflammation
183.11	Varicose veins of right lower extremity with inflammation
183.12	Varicose veins of left lower extremity with inflammation
183.201	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation
183.202	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation
183.203	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation
183.204	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation
183.205	Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation
183.208	Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation
183.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
183.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
183.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
183.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
183.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
183.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
183.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
183.219	Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation
183.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
183.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
183.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation

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183.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
183.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
183.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
183.229	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
183.811	Varicose veins of right lower extremity with pain
183.812	Varicose veins of left lower extremity with pain
183.813	Varicose veins of bilateral lower extremities with pain
183.891	Varicose veins of right lower extremity with other complications
183.892	Varicose veins of left lower extremity with other complications
183.893	Varicose veins of bilateral lower extremities with other complications
187.1	Compression of vein
187.2	Venous insufficiency (chronic) (peripheral)

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H. REVISION LOG:

REVISIONS	DATE
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Annual Review	1/28/22
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Approved:	Date:
Sanjiv Shah, MD Chief Medical Officer	

Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors).

MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a

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discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.