

<b>Title: Varicose Vein Therapy</b>	<b>Division: Medical Management</b> <b>Department: Utilization Management</b>
<b>Approval Date: 08/14/17</b>	<b>LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, Gold Care I&amp;II, Market Plus, Essential, HARP</b>
<b>Effective Date: 8/14/17</b>	<b>Policy Number: UM-MP214</b>
<b>Review Date: 07/22/2024</b>	<b>Cross Reference Number:</b>
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**A. POLICY DESCRIPTION:** This policy describes the conditions under which MetroPlusHealth will cover treatment of varicose veins. For the Medicare and UltraCare lines of business, MetroPlusHealth 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 (EVLV / RFA).
3. Ligation: Inserting sutures around a vein and tying the vein off to interrupt the blood flow.
4. Phlebectomy: Removing small lengths of vein through a small incision or “stab”.
5. Reticular Veins: Dilated, nonpalpable, subdermal veins measuring 1-3mm in diameter.
6. Sclerotherapy: Introducing a chemical substance into a vein causing the vein to scar and close.
  - a. Varithena® (36465/6) is an FDA-approved form of polidocanol, used to treat incompetent veins. AMA coding guidelines clarified which veins may be treated with Varithena to include only truncal veins, including: GSV, SSV, AASV, VoG, PASV. (see below)
  - b. Varithena is not approved for treatment of perforator or tributary veins.
  - c. Other sclerotherapy commonly involves the use of polidocanol, for use with other veins. (36470/1)
7. Session: A provider’s request to treat a patient with any number or variety of varicose vein treatments is a session. Each session is uniquely authorized by the plan (one authorization number), regardless of the number of times the provider actually sees the patient in order to provide the approved treatment.
8. SFJ-Sapheno-femoral junction / SPJ – Sapheno-popliteal junction.
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 (listed below):

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- a. Greater Saphenous Vein (GSV) - A vein that originates at the dorsal arch of the foot and terminates at the sapheno-femoral junction (SFJ) near origin of the femoral vein in the thigh.
- b. The small saphenous vein (SSV), 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 (VoG or intersaphenous vein).
- c. Anterior accessory saphenous vein (AASV)- runs medial to and parallel to the great saphenous vein, draining to the great saphenous vein just distal to where the great saphenous vein empties into the femoral vein. There is also an AASV which originates below the knee and can be treated separately.
- d. Posterior accessory saphenous vein (PASV) -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. There is also a PASV which originates below the knee and can be treated separately.

Varicose Veins: Dilated, palpable, subcutaneous veins greater than 3mm in diameter. This measurement refers to the diameter of one vein, and cannot be taken at the junction or intersection of two veins to determine if a varicose vein's size meets treatment criteria.

#### **D. POLICY:**

Treatment for varicose veins may be approved after a history and physical examination, performed within the last 3 months of the service request. The history must include a cardiovascular history, including all prior venous procedures. If there were no prior venous procedures, this information should be explicitly stated. The physical examination should include any evidence of dysfunction, such as: bleeding, pruritis, skin erosion, poor circulation manifested by delayed capillary refill or unexpected absence of hair growth, or a CEAP (Clinical, Etiological, Anatomical, Pathophysiological) classification of 2 or greater. Additionally, the patient must have undergone a doppler or duplex ultrasound of the limb within 6 months of the request. If the patient has had varicose vein treatment on the affected limb, the doppler for the latest request must have been performed after the latest treatment on the treated leg. All reported dopplers must always report on the GSV and SSV, regardless of other additional veins studied.

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

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1. **Minimum treatment sizes approvable for any treatment modality:**
  - a. Truncal veins: 4.5mm
  - b. Perforators, superficial, tributary veins: 3mm
2. **MetroPlus Health will not approve any request for dual treatment of a single vein**, e.g. thermal ablation *and* sclerotherapy (with the exception of 4c below.)
3. **Ligation, subfascial endoscopic surgery** for the treatment of perforating veins associated with chronic venous insufficiency is considered medically necessary when **InterQual criteria** are met.
4. **Endovenous Ablation, Endovenous Thermal Ablation, Radiofrequency Ablation (RFA)** for the treatment of the great saphenous vein (GSV), anterior/posterior accessory saphenous vein (AASV/PASV), or small saphenous veins (SSV) is considered medically necessary when all the following are met:
  - a. Symptomatic, resistant to conservative therapy ≥6 weeks, interferes with ADLs, >500ms reflux.
  - b. Only one request for thermal ablation of the GSV vein per year per leg will be approved per patient. If a repeat treatment of the GSV is requested following the initial session, provider must submit clinical information supporting additional treatment. Without clinical support, only one session is approvable.
  - c. To decrease risk of thermal injury to the saphenous nerve, it may be appropriate to perform a combination of thermal ablation and sclerotherapy for the GSV, where sclerotherapy treats the GSV below the knee.
  - d. In cases where a GSV is recorded as measuring wider and smaller at different areas within the length of the same vein, thermoablation is approvable if the vein size exceeds 4.5 mm at some point below the SFJ.
5. **Thermal ablation coding guidance**
  - a. Adherence to AMA coding guidance is required when requesting endovenous ablation procedures.
  - b. AMA coding guidance includes that treatment of the first incompetent vein should be reported once (as the primary code) using 36475/36478/36482 per extremity. For the treatment of subsequent incompetent vein(s) in the same extremity, the add-on CPT code (36476/36479/36483) should be reported. This code may only be reported once per extremity, regardless of the number of additional veins treated. Therefore, only one primary code should be reported for the first vein treated, and only one add on code should be reported for a subsequent vein per extremity.

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6. **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. For perforator veins, the presence of venous ulcer or history of venous ulcer, and procedure is being done to prevent recurrence.
7. **Sclerotherapy Coding Guidance**
  - a. MetroPlus Health recognizes that multiple injections may be needed to perform sclerotherapy and that responses differ due to the anatomical site being treated. MetroPlus Health ***will not*** approve:
    - i. More than three sclerotherapy sessions per rolling year, sessions defined above.
    - ii. More than one sclerotherapy service per treatment session reported for either leg, regardless of how many veins are treated per session. (36465 vs 36466, 36470 vs 36471)
  - b. Sclerotherapy of incompetent accessory and/or tributary veins may be medically necessary when clinical criteria are met, and members are not required to undergo an ablation procedure of GSV/SSV prior to sclerotherapy of the requested accessory or tributary veins, ***but*** dopplers must show competence of GSV/SSV or show previous closure. If the GSV/SSV veins are incompetent, then treatment of accessory or tributary veins ***must*** be accompanied by treatment of the GSV/SSV.
8. **Subfascial endoscopic perforator surgery (SEPS)** is considered medically necessary when used for treatment of one of the following confirmed conditions:
  - a. Meets IQ criteria for all patients
    - a. Chronic venous insufficiency
    - b. Venous stasis dermatitis/ulceration
9. **Ambulatory Phlebectomy** for treating varicose veins is considered medically necessary:
  - a. Symptomatic, resistant to conservative therapy  $\geq 6$  weeks, interferes with ADLs,  $>500$ ms reflux.
10. **The following treatments are considered not medically necessary due to insufficient evidence of efficacy:**

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- a. Any interventional treatment that uses equipment or sclerosants not approved for such purposes by the FDA.
  - b. Asclera polidocanol injection (which is a cosmetic treatment, FDA-approved only for veins < 3mm.)
  - c. Endomechanical or mechanicochemical ablation.
  - d. Endovenous ablation for treatment of reflux of the common femoral vein.
  - e. Measurements of plasma growth factors.
  - f. Measurements of micronized purified flavonoid fraction.
  - g. Photothermal sclerosis.
  - h. Polymorphism genotyping of matrix metalloproteinases genes.
  - i. 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.
  - j. Synthetic matrix metalloproteinases inhibitors.
  - k. Transdermal laser treatment.
  - l. Use of medical adhesive such as VariClose Vein Sealing System or VenaSeal Closure System. **VenaSeal is approvable only for Medicare.**
  - m. VeinGogh Ohmic Thermolysis System.
  - n. VeinOPlus vascular device for the treatment of muscle atrophy due to varicose veins.
11. Coverage Exclusion
- a. Sclerotherapy for the great saphenous vein or varicose veins greater than 12mm in diameter.
  - b. Treatment of incompetent perforator veins without presence of venous ulcer or history of venous ulcer and procedure is being done to prevent recurrence.
  - c. 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”.

### 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).

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<b>36466</b>	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.
<b>36470</b>	Injection of sclerosing solution; single vein
<b>36471</b>	multiple veins, same leg
<b>36475</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
<b>36476</b>	second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
<b>36478</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
<b>36479</b>	second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
<b>37500</b>	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
<b>37700</b>	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
<b>37718</b>	Ligation, division, and stripping, short saphenous vein
<b>37722</b>	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
<b>37735</b>	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
<b>37760</b>	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
<b>37761</b>	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
<b>37765</b>	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions [ambulatory]
<b>37766</b>	more than 20 incisions [ambulatory]
<b>37780</b>	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
<b>37785</b>	Ligation, division, and/or excision of varicose vein cluster(s), one leg
<b>37799</b>	Unlisted procedure, vascular surgery (Stab phlebectomy of varicose veins, one extremity; less than 10 stab incisions)
<b>76942</b>	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

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<b>93970</b>	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
<b>93971</b>	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
<b>J3490</b>	Unclassified drugs
<b>S2202</b>	Echosclerotherapy

### F. APPLICABLE DIAGNOSIS CODES:

CODE	Description
<b>I80.00</b>	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
<b>I80.01</b>	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
<b>I80.02</b>	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
<b>I80.03</b>	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
<b>I80.10</b>	Phlebitis and thrombophlebitis of unspecified femoral vein
<b>I80.11</b>	Phlebitis and thrombophlebitis of right femoral vein
<b>I80.12</b>	Phlebitis and thrombophlebitis of left femoral vein
<b>I80.13</b>	Phlebitis and thrombophlebitis of femoral vein, bilateral
<b>I80.201</b>	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
<b>I80.202</b>	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity
<b>I80.203</b>	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral
<b>I80.209</b>	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
<b>I80.221</b>	Phlebitis and thrombophlebitis of right popliteal vein
<b>I80.222</b>	Phlebitis and thrombophlebitis of left popliteal vein
<b>I80.223</b>	Phlebitis and thrombophlebitis of popliteal vein, bilateral
<b>I80.229</b>	Phlebitis and thrombophlebitis of unspecified popliteal vein
<b>I80.231</b>	Phlebitis and thrombophlebitis of right tibial vein
<b>I80.232</b>	Phlebitis and thrombophlebitis of left tibial vein

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<b>180.233</b>	Phlebitis and thrombophlebitis of tibial vein, bilateral
<b>180.239</b>	Phlebitis and thrombophlebitis of unspecified tibial vein
<b>180.291</b>	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
<b>180.292</b>	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
<b>180.293</b>	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
<b>180.299</b>	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
<b>180.3</b>	Phlebitis and thrombophlebitis of lower extremities, unspecified
<b>183.001</b>	Varicose veins of unspecified lower extremity with ulcer of thigh
<b>183.002</b>	Varicose veins of unspecified lower extremity with ulcer of calf
<b>183.003</b>	Varicose veins of unspecified lower extremity with ulcer of ankle
<b>183.004</b>	Varicose veins of unspecified lower extremity with ulcer of heel and midfoot
<b>183.005</b>	Varicose veins of unspecified lower extremity with ulcer other part of foot
<b>183.008</b>	Varicose veins of unspecified lower extremity with ulcer other part of lower leg
<b>183.009</b>	Varicose veins of unspecified lower extremity with ulcer of unspecified site
<b>183.011</b>	Varicose veins of right lower extremity with ulcer of thigh
<b>183.012</b>	Varicose veins of right lower extremity with ulcer of calf
<b>183.013</b>	Varicose veins of right lower extremity with ulcer of ankle
<b>183.014</b>	Varicose veins of right lower extremity with ulcer of heel and midfoot
<b>183.015</b>	Varicose veins of right lower extremity with ulcer other part of foot
<b>183.018</b>	Varicose veins of right lower extremity with ulcer other part of lower leg
<b>183.019</b>	Varicose veins of right lower extremity with ulcer of unspecified site
<b>183.021</b>	Varicose veins of left lower extremity with ulcer of thigh
<b>183.022</b>	Varicose veins of left lower extremity with ulcer of calf
<b>183.023</b>	Varicose veins of left lower extremity with ulcer of ankle
<b>183.024</b>	Varicose veins of left lower extremity with ulcer of heel and midfoot
<b>183.025</b>	Varicose veins of left lower extremity with ulcer other part of foot
<b>183.028</b>	Varicose veins of left lower extremity with ulcer other part of lower leg



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<b>183.029</b>	Varicose veins of left lower extremity with ulcer of unspecified site
<b>183.10</b>	Varicose veins of unspecified lower extremity with inflammation
<b>183.11</b>	Varicose veins of right lower extremity with inflammation
<b>183.12</b>	Varicose veins of left lower extremity with inflammation
<b>183.201</b>	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation
<b>183.202</b>	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation
<b>183.203</b>	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation
<b>183.204</b>	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation
<b>183.205</b>	Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation
<b>183.208</b>	Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation
<b>183.209</b>	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
<b>183.211</b>	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
<b>183.212</b>	Varicose veins of right lower extremity with both ulcer of calf and inflammation
<b>183.213</b>	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
<b>183.214</b>	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
<b>183.215</b>	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
<b>183.218</b>	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation

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<b>183.219</b>	Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation
<b>183.221</b>	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
<b>183.222</b>	Varicose veins of left lower extremity with both ulcer of calf and inflammation
<b>183.223</b>	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
<b>183.224</b>	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
<b>183.225</b>	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
<b>183.228</b>	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
<b>183.229</b>	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
<b>183.811</b>	Varicose veins of right lower extremity with pain
<b>183.812</b>	Varicose veins of left lower extremity with pain
<b>183.813</b>	Varicose veins of bilateral lower extremities with pain
<b>183.891</b>	Varicose veins of right lower extremity with other complications
<b>183.892</b>	Varicose veins of left lower extremity with other complications
<b>183.893</b>	Varicose veins of bilateral lower extremities with other complications
<b>187.1</b>	Compression of vein
<b>187.2</b>	Venous insufficiency (chronic) (peripheral)

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<b>Title: Varicose Vein Therapy</b>	<b>Division: Medical Management</b> <b>Department: Utilization Management</b>
<b>Approval Date: 08/14/17</b>	<b>LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, Gold Care I&amp;II, Market Plus, Essential, HARP</b>
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<b>Retired Date:</b>	<b>Page 12 of 12</b>

## H. REVISION LOG:

REVISIONS	DATE
Creation date	08/14/17
Annual Review	12/21/21
Annual Review	1/28/22
Annual Review	7/22/2024

<b>Approved:</b>	<b>Date:</b>	<b>Approved:</b>	<b>Date:</b>
<b>David Ackman, MD</b> <b>VP of Medical Director</b>		<b>Sanjiv Shah, MD</b> <b>Chief Medical Officer</b>	

### Medical Guideline Disclaimer:

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