MetroPlusHealth

Policy and Procedure

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
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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 (EVLT / 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. Physical examination is defined as an encounter where the patient and provider are physically in the same location, allowing the provider to perform an assessment of the patient’s physical condition, particularly as it pertains to the medical condition of superficial venous insufficiency (see below). Reporting a CEAP score in the absence of other physical examination findings pertinent to venous insufficiency does not constitute a physical examination.
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.
    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)
8. 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 patient visits used to provide the approved treatment.
9. SFJ-Sapheno-femoral junction / SPJ – Sapheno-popliteal junction.

10. Spider Telangiectasias: Dilated intradermal venules measuring less than 1mm in diameter.
11. Stripping: Surgical removal of lengths of a vein.
12. 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):
    - **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.
13. Varicose Veins: Dilated, palpable, incompetent 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:

1. Request for Authorization: Treatment for varicose veins may be approved after a history and physical examination, performed within 3 months of the service request.

a. A request for authorization must include a medical history, including a cardiovascular history, and all prior venous procedures. If there were no prior venous procedures, this information should be explicitly stated. The history must include a description of the patient's symptoms that have resulted from

continued venous insufficiency, activities of daily living (ADL) affected by continued venous insufficiency symptoms, and a failure of at least six weeks of named conservative measures at relieving the interference with ADLs. If there is a healed or active venous ulcer, historical elements including symptoms, ADLs, and conservative measures failed may be omitted.

b. The physical examination must include a description of venous insufficiency, such as: presence of varicose veins, edema, pigmentation or eczema, lipodermatosclerosis, or a healed/active venous ulcer, any of which are part of the CEAP (Clinical, Etiological, Anatomical, Pathophysiological) classification. A CEAP of 2 or greater is required for approval. Reporting a CEAP score in the absence of other physical examination findings pertinent to venous insufficiency does not constitute a physical examination.

c. Doppler studies: The patient must have undergone a doppler or duplex ultrasound of the limb(s) 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 of the extremity intended for treatment, regardless of other additional veins studied. All requested procedures must include doppler data demonstrating critical size and reflux for all veins planned for any treatment, including phlebectomy. Critical reflux that qualifies a vein for treatment is > 500ms.

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

e. All requests for treatment must include a treatment plan that specifically provides the anatomic name of the veins intended for treatment, as well as the specific treatment intended for those veins.

2. **Minimum treatment sizes approvable for any treatment modality:**
   - **a.** Truncal veins: 4.5mm
   - **b.** Perforators, superficial, tributary veins: 3mm
   - **c.** In cases where a single vein is measured as wider and smaller at different areas within the length of the same vein, treatment is approvable if the vein size exceeds the critical size minimum for that vein at some point in its length, not including measurements at the SFJ or SPJ.

3. **MetroPlus Health <u>will not</u> approve any request for dual treatment of a single vein**, e.g. thermal ablation *and* sclerotherapy (with the exception of 5c below.)

4. **Ligation, subfascial endoscopic surgery** for the treatment of perforating veins associated with chronic venous insufficiency is considered medically necessary when **InterQual criteria** are met.

5. **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. As above: a history, in person physical examination, and a description of symptoms, resistance to conservative therapy ≥6 weeks, interference with ADLs, reflux >500ms.
    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.

6. **Endovenous 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.

7. **Sclerotherapy or echo sclerotherapy including ultrasound guided foam sclerotherapy (UGFS)** for 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. As above: a history, in person physical examination, and a description of symptoms, resistance to conservative therapy ≥6 weeks, interference with ADLs, reflux >500ms.
b. Adherence to AMA coding guidance is required when requesting sclerotherapy procedures.
c. Sclerotherapy with Varithena may only be approved for truncal veins, see above.

8. 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:

1. More than three sclerotherapy sessions per rolling year, sessions defined above.
2. 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 will not be approved if doppler data show the GSV/SSV are incompetent. If the GSV/SSV veins are incompetent, then treatment of accessory or tributary veins ***must*** be accompanied by treatment of the GSV/SSV.

9. Subfascial endoscopic perforator surgery (SEPS) is considered medically necessary when IQ criteria are met.

10. Perforator vein treatment requires the presence of venous ulcer or history of venous ulcer, and procedure is being done to prevent recurrence.

11. Ambulatory Phlebectomy for treating varicose veins is considered medically necessary when the following are met: Symptomatic, resistant to conservative therapy ≥6 weeks, interferes with ADLs, >500ms reflux.

12. The following treatments are considered not medically necessary due to insufficient evidence of efficacy:

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.

13. 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).

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:

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

I80.231	Phlebitis and thrombophlebitis of right tibial vein
I80.232	Phlebitis and thrombophlebitis of left tibial vein
I80.233	Phlebitis and thrombophlebitis of tibial vein, bilateral
I80.239	Phlebitis and thrombophlebitis of unspecified tibial vein
I80.291	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
I80.292	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
I80.293	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
I80.299	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
I83.001	Varicose veins of unspecified lower extremity with ulcer of thigh
I83.002	Varicose veins of unspecified lower extremity with ulcer of calf
I83.003	Varicose veins of unspecified lower extremity with ulcer of ankle
I83.004	Varicose veins of unspecified lower extremity with ulcer of heel and midfoot
I83.005	Varicose veins of unspecified lower extremity with ulcer other part of foot
I83.008	Varicose veins of unspecified lower extremity with ulcer other part of lower leg
I83.009	Varicose veins of unspecified lower extremity with ulcer of unspecified site
I83.011	Varicose veins of right lower extremity with ulcer of thigh
I83.012	Varicose veins of right lower extremity with ulcer of calf
I83.013	Varicose veins of right lower extremity with ulcer of ankle
I83.014	Varicose veins of right lower extremity with ulcer of heel and midfoot
I83.015	Varicose veins of right lower extremity with ulcer other part of foot
I83.018	Varicose veins of right lower extremity with ulcer other part of lower leg
I83.019	Varicose veins of right lower extremity with ulcer of unspecified site
I83.021	Varicose veins of left lower extremity with ulcer of thigh
I83.022	Varicose veins of left lower extremity with ulcer of calf
I83.023	Varicose veins of left lower extremity with ulcer of ankle

I83.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
I83.025	Varicose veins of left lower extremity with ulcer other part of foot
I83.028	Varicose veins of left lower extremity with ulcer other part of lower leg
I83.029	Varicose veins of left lower extremity with ulcer of unspecified site
I83.10	Varicose veins of unspecified lower extremity with inflammation
I83.11	Varicose veins of right lower extremity with inflammation
I83.12	Varicose veins of left lower extremity with inflammation
I83.201	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation
I83.202	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation
I83.203	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation
I83.204	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation
I83.205	Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation
I83.208	Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation
I83.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
I83.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
I83.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
I83.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
I83.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation

I83.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
I83.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
I83.219	Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation
I83.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
I83.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
I83.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
I83.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
I83.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
I83.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
I83.229	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
I83.811	Varicose veins of right lower extremity with pain
I83.812	Varicose veins of left lower extremity with pain
I83.813	Varicose veins of bilateral lower extremities with pain
I83.891	Varicose veins of right lower extremity with other complications
I83.892	Varicose veins of left lower extremity with other complications
I83.893	Varicose veins of bilateral lower extremities with other complications
I87.1	Compression of vein
I87.2	Venous insufficiency (chronic) (peripheral)

G. REFERENCES:

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H. REVISION LOG:

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Approved: Sanjiv Shah MD Digitally signed by Sanjiv Shah MD Date: 2026.10.28 16:54:35 -04'00' **Date:**

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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 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.