

TITLE: Treatment of Varicose Veins/Venous Insufficiency**IDENTIFIER: SHPS 1602****EFFECTIVE DATE: 10/28/21****DEPARTMENT: Utilization Management****Applies to:** SHPS – Medicare Advantage+ SHPS – Commercial Scripps Health Plan**I. PURPOSE**

The purpose of this medical policy is to establish a guideline for Scripps Health Plan Services (SHPS) Utilization Management (UM) department for varicose veins/venous insufficiency.

II. BACKGROUND

A variety of treatment modalities are available to treat varicose veins/venous insufficiency, including surgery, thermal ablation, sclerotherapy, mechanochemical ablation (MOCA), cyanoacrylate adhesive (CAC), and cryotherapy. The application of each modality is influenced by the severity of the symptoms, type of vein, source of venous reflux, and the use of other (prior or concurrent) treatment.

III. PROCEDURES**Great, Small, or Accessory Saphenous Veins**

Saphenous vein treatment may be considered medically necessary when all of the following criteria have been met:

- A. Documentation to use only one of the following procedures (not combined use of different procedures or an unlisted procedure): surgery (ligation and stripping), radiofrequency endovenous thermal ablation, laser endovenous thermal ablation, microfoam sclerotherapy, or cyanoacrylate adhesion.
- B. All saphenous veins in the same leg meeting criteria for treatment will be treated in the same session or have documentation submitted why that should not be done (see Policy Guidelines).
- C. There is demonstrated saphenous reflux and CEAP (Clinical, Etiology, Anatomy, Pathophysiology) class C2 or greater.
- D. There is documentation of one or more of the following:
 1. Ulceration secondary to venous stasis
 2. Recurrent superficial thrombophlebitis

3. Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity
4. Persistent pain, swelling, itching, burning, or other symptoms are associated with saphenous reflux, and both of the following:
 - a. The symptoms significantly interfere with activities of daily living
 - b. Conservative management including compression therapy for at least 6 weeks has not improved the symptoms

Treatment of saphenous veins by surgery, endovenous thermal ablation (radiofrequency or laser), microfoam sclerotherapy or cyanoacrylate adhesive that does not meet the criteria described above is considered not medically necessary.

Combining the use of any two medically necessary treatments (e.g., radiofrequency ablation [RFA] and microfoam sclerotherapy) during the same treatment session on the same vein or same type of vein is considered not medically necessary.

Sclerotherapy techniques (other than microfoam sclerotherapy) as the primary treatment of great, small, or accessory saphenous veins, is considered investigational. However, standard foam sclerotherapy can be used for cleanup of small sections of saphenous veins when needed after primary treatment by surgery, endovenous thermal ablation (radiofrequency or laser), microfoam sclerotherapy, or cyanoacrylate adhesive.

Stab avulsion, hook phlebectomy, or transilluminated powered phlebectomy of perforator, great, small, or accessory saphenous veins are considered investigational.

Symptomatic Varicose Tributaries

Tributary varicosity treatment when performed either at the same time (or following prior treatment) as saphenous vein treatment may be considered medically necessary when all of the following criteria have been met:

- A. Documentation to use one of the following procedures (not an unlisted procedure): stab avulsion, hook phlebectomy, standard sclerotherapy (not including microfoam sclerotherapy), transilluminated powered phlebectomy.
- B. Saphenous veins have been previously treated successfully or will be treated during the same session.
- C. The tributaries are symptomatic.
- D. All tributaries in the same leg meeting criteria for treatment will be treated in the same session (or have documentation submitted when that should not be done).
- E. Use of microfoam sclerotherapy or cyanoacrylate only when using leftover product during the same session as saphenous vein treatments using the same agent.

When done separately from saphenous vein treatment, the use of microfoam

sclerotherapy (does NOT apply to standard foam sclerotherapy) or cyanoacrylate to treat symptomatic varicose tributaries is considered not medically necessary, either:

- A. On a different date as saphenous vein treatment.
- B. On the same date when saphenous vein treatment was done using a different modality (i.e., RFA, laser or surgery).

The following are considered investigational:

- A. Treatment of isolated tributary veins without prior or concurrent treatment of saphenous veins.
- B. Isolated treatment of symptomatic varicose tributaries using any other techniques than those noted above.
- C. Endovenous radiofrequency or laser ablation of tributary veins.

Perforator Veins

Perforator vein treatments for leg ulcers may use surgical ligation (including Subfascial Endoscopic Perforator Surgery-SEPS) or endovenous thermal ablation (radiofrequency or laser), microfoam or standard foam sclerotherapy or cyanoacrylate adhesion may be considered medically necessary when all the following conditions have been met:

- A. There is demonstrated perforator reflux.
- B. Any superficial saphenous veins (great, small, or accessory saphenous and symptomatic varicose tributaries) have been previously eliminated or will be eliminated at the same time.
- C. Ulcers are present that have not resolved following prior treatment or have recurred after initial successful treatment.
- D. The venous insufficiency is not secondary to deep venous thromboembolism.

Stab avulsion, hook phlebectomy, transilluminated powered phlebectomy of perforator veins are considered investigational.

Telangiectasia

- A. Treatment of telangiectasia such as spider veins, angiomas, and hemangiomas that are less than 3 millimeters in diameter are considered not medically necessary.

Miscellaneous

The following are considered investigational:

- A. Mechanochemical ablation (MOCA) of any vein.
- B. Endovenous cryoablation of any vein.

IV. GUIDELINE

The following CPT codes are specific to endovenous ablation using chemical adhesive such as cyanoacrylate:

- A. 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
- B. 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)

V. REFERENCES

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2. American College of Phlebology. Practice Guidelines-Superficial Venous Disease. Last reviewed Jan 6, 2017. <http://www.phlebology.org/wp-content/uploads/2016/02/SuperficialVenousDiseaseGuidelinesPMS313-02.03.16.pdf>. <http://www.aetna.com/0050.html>.
3. Anthem Medical Policy Number SURG.00037: Treatment of Varicose Veins (Lower Extremities). Last reviewed Jan 6, 2017. <https://www.anthem.com/053323.htm>.
4. Blue Cross Blue of Massachusetts Medical Policy Number 238: Treatment of Varicose Veins/Venous Insufficiency. Last reviewed Jan 6 2017. <http://www.bluecrossma.com/238.pdf>.
5. Cigna Medical Coverage Policy Number 0234: Varicose Veins Treatment. Last reviewed Jan 6, 2017. <https://cigna.com/0234.pdf>.
6. CMS L34209_20211007-1
7. CGS Administrators, LLC Local Coverage Determination (LCD) L34082: Varicose Veins of the Lower Extremity, Treatment of. Last accessed 07/12/2017
8. Noridian Healthcare Solutions, LLC Local Coverage Determination (LCD) L34010: Treatment of Varicose Veins of the Lower Extremities. Last accessed 07/12/2017.
9. Hayes Venaseal for the Treatment of VaricoseVveins Rating C
10. Health Net SclerotherapyforVaricoseVeins
11. MCG Saphenous Vein Ablation, Adhesive Injection
UnitedHealthcare Medical Policy Number 2017T0447R: Surgical and ablative procedures for venous insufficiency and varicose veins. Last reviewed Jan 7, 2017. https://www.unitedhealthcareonline.com/Surgical_Ablative_Venous_Insuff_Varicose_Veins.pdf.

VI. ATTACHMENTS

- A. UM Venaseal Medical Criteria Grid

TITLE: Treatment of Varicose Veins/Venous Insufficiency

Identifier: SHPS 1602

Date: 10/28/21

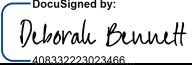
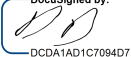
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HISTORY

Reviewed: 10/28/21, 08/25/22

Revised:

ENDORSEMENTS and APPROVALS

Approvals		Approval Date
UM Director		08/25/22
Medical Director		08/25/22