

Varicose Vein Treatments

Humana

Medicaid Medical Coverage Policy

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Description

Varicose veins are abnormally enlarged and tortuous vessels greater than 3 millimeters (mm) in diameter that usually result from reflux of blood caused by incompetent valves in the venous system. Rather than flowing forward, blood refluxes (flows backward) across the faulty valve and the resulting increased pressure causes the vein to dilate. The condition is further aggravated with the weakening of the affected vein's walls. Abnormal dilation may affect small reticular (feeder veins) as well as superficial veins, located within or just below the skin. Reflux greater than or equal to 500 milliseconds (ms) (0.5 seconds) is generally considered clinically significant when combined with other symptoms.

Perforator veins penetrate the deep fascia of muscles to form a connection between a deep venous system and a superficial one. They, or other larger veins that may communicate with the saphenous system, may become dilated and tortuous as their valves fail. This may occur anywhere on the leg between the groin and ankle and is commonly the result of reflux through the valve at the junction between the great saphenous vein (GSV) and the common femoral vein (saphenofemoral junction [SFJ]), or as a result of reflux through the valve at the junction between the small saphenous vein (SSV) and the popliteal vein (saphenopopliteal junction [SPJ]).

Recommendations for noninvasive management of varicose vein symptoms generally include daily exercise (walking), leg elevation (3 times daily for 30 minutes), leg exercises (ankle flexion) when seated and weight management. Prescriptions may be needed for venoactive medication and/or compression stockings. More

invasive treatments such as ablation of the affected vein or procedures to stop blood from flowing into or pooling in the affected area may be required if conservative measures do not provide relief.

Varicose vein treatments addressed in this document include:

- **Catheter-assisted venous sclerotherapy (KAVS catheter)** uses a double-lumen intravascular catheter with a balloon at the distal end to temporarily block blood flow to the segment of the vein being targeted for sclerotherapy. May also be referred to as **endovenous catheter-directed chemical ablation with balloon isolation**. (Refer to Coverage Limitations)
- **Ligation (including division, excision, stripping)** requires several small incisions through which the affected vein is separated from the surrounding tissue, tied off and removed. The affected vein is ligated and divided at a junction to improve circulation in the affected area. A compression wrap to the leg is used to limit bruising and swelling postoperatively.
- **Perforator vein treatment** options include open ligation (through an incision) or endoscopic subfascial ligation involving the introduction of a medical scope into the space between the fascia (thin layer of connective tissue) and the muscle.
 - **Linton (subfascial radical) ligation** refers to the original perforator vein procedure used to treat venous ulcers. The procedure involves a linear incision to the medial aspect of the leg, exposing perforator veins so they can be tied off. The incision is closed using sutures or skin graft. This procedure has largely been abandoned and replaced by less invasive treatment methods. (Refer to Coverage Limitations)
 - **Open subfascial perforator vein ligation** uses multiple smaller incisions to access and ligate the target veins. Ultrasound guidance may be used to assist in identifying the vein(s) to be treated.
 - **Subfascial endoscopic perforator vein surgery (SEPS)** is a less invasive alternative to traditional open surgical treatment of chronic venous insufficiency. An endoscope is inserted into a small incision away from an ulcer site and balloon dissection is performed, with clips or a scalpel interrupting incompetent perforator veins in the calf.

Coverage Determination

Perforator Vein Surgery (37500, 37761)

Humana members may be eligible under the Plan for **open subfascial perforator vein ligation or subfascial endoscopic perforator vein surgery (SEPS)** to treat symptomatic varicose perforator veins when all the following requirements are met:

- Duplex ultrasound or Doppler imaging study report shows clinically significant reflux where the outward flow of duration is greater than or equal to 500 ms (0.5 seconds); **AND**

- Perforator vein diameter is greater than or equal to 3.5 mm; **AND**
- The vein to be treated is located beneath a healed or open venous ulcer (Clinical, Etiology, Anatomy and Pathology [CEAP] classification of chronic venous disorders), class [C5 – C6](#)⁸; **AND**
- Treatment is required due to chronic venous insufficiency and the need to promote ulcer healing and/or prevent ulcer recurrence

Saphenous Vein Treatment (37780, 37785)

Humana members may be eligible under the Plan for **ligation (including division, excision, stripping)** to treat symptomatic varicose great saphenous or small saphenous veins, including symptomatic vein clusters associated with saphenous reflux when all the following requirements are met:

- Duplex ultrasound or Doppler imaging study report shows clinically significant reflux (incompetence), indicated by greater than or equal to 500 ms (0.5 seconds) of the great saphenous vein or the small saphenous vein or perforator veins⁷ in the extremity to be treated;

AND documentation in the clinical records of at least **one** of the following:

- Hemorrhage from venous varicosity; **OR**
- Venous stasis ulceration; **OR**
- Symptoms of venous insufficiency of the lower extremities (ache, pain, muscle cramps, heaviness, edema, tightness) causing a [functional impairment](#)* which interferes with activities of daily living, despite a trial of nonprescription or prescription analgesics if medically appropriate and not contraindicated;

AND

- Symptoms persist despite a trial of at least 3 consecutive months of compliance with compressive stockings providing 20 to 30 mm Hg pressure

*Functional impairment means a direct and measurable reduction in physical performance of an organ or body part.

Ultrasound Guidance (37799, S2202)

The use of **ultrasound guidance during echosclerotherapy (ultrasound-guided sclerotherapy)** is considered integral to the primary procedure and not separately reimbursable.

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for the treatment of varicose veins for any indications other than those above, including treatment of telangiectasias, spider veins, venules, reticular veins, superficial capillaries. This is considered cosmetic and not medically necessary.

Humana members may **NOT** be eligible under the Plan for **catheter-assisted venous sclerotherapy (KAVS catheter) (also referred to as endovenous catheter-directed chemical ablation with balloon isolation), 0524T** for the treatment of varicose veins.

A review of the current medical literature shows that there is **no evidence** to determine that this service is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

Humana members may **NOT** be eligible under the Plan for **Linton (subfascial radical) ligation, 37760** for the treatment of varicose perforator veins.

A review of the current medical literature shows that there is **no evidence** to determine that this service is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	
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	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
37799	Unlisted procedure, vascular surgery	

CPT® Category III Code(s)	Description	Comments
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	
HCPCS Code(s)	Description	Comments
S2202	Echosclerotherapy	

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Appendix

**Appendix A
CEAP Classification⁸**

<i>Clinical classification</i>	
C0	No visible or palpable signs of venous disease
C1	Telangiectasias, reticular veins, malleolar flares
C2	Varicose veins
C2r	Recurrent varicose veins
C3	Edema without skin changes
C4	Changes in skin and subcutaneous tissue due to chronic venous insufficiency
C4a	Pigmentation or eczema
C4b	Lipodermatosclerosis or atrophie blanche
C4c	Corona phlebectatica (abnormally dilated veins around ankle)
C5	Healed venous ulcer
C6	Active venous ulcer
C6r	Recurrent active venous ulcer

Change Summary

03/04/2025 New Policy.