

Varicose Vein Treatments



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Medical Coverage Policy

Table of Contents

[Related Medical/Pharmacy Coverage Policies](#)
[Coverage Determination](#)
[Coding Information](#)
[Appendix](#)

[Description](#)
[Coverage Limitations](#)
[References](#)
[Change Summary](#)

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Related Medical/Pharmacy Coverage Policies

None

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 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 or feeder veins as well as superficial veins, located within or just below the skin.

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]).

Perforator veins are considered incompetent with a diameter greater than or equal to 3.5 mm. Perforator reflux, when identified in isolation (without saphenous or deep venous reflux) may give rise to clusters of varicose veins. When combined saphenous and perforator reflux are identified, saphenous reflux is generally treated first which may resolve perforator reflux. Incompetent perforators identified by duplex ultrasonography may be corrected at the time of saphenous ablation or at a later time. Staging treatment phases allows for reevaluation of perforators for persistent incompetence following correction of saphenous reflux.

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 prescription compression hose.

Proposed treatments for varicose veins include, but may not be limited to:

- **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 section)
- **Cryoablation (cryofreezing, cryostripping, cryosurgery, cryotherapy)** involves the use of liquid nitrogen or argon gas at extreme cold temperatures to destroy venous tissue. (Refer to Coverage Limitations section)
- **Cyanoacrylate closure (CAC) (eg, VenaSeal closure system)** delivers medical adhesive using ultrasound guidance via a catheter inserted into the target vein. The catheter is withdrawn, and pressure is applied to the vein. (Refer to Coverage Limitations Section)
- **Endomechanical or mechanochemical ablation (MOCA) (eg, ClariVein)** uses an infusion catheter with a rotating wire tip that purports to disperse the infused medication in the bloodstream and to the targeted treatment area on the vessel wall. (Refer to Coverage Limitations section)
- **Endovenous thermal ablation** techniques use heat energy to seal veins:
 - **Endovenous laser ablation or therapy (EVLA or EVLT)** utilizes a percutaneous catheter to deliver high-intensity laser light to induce photocoagulation of blood and occlusion of the vein.
 - **Radiofrequency ablation (RFA), endovascular occlusion or endoluminal radiofrequency ablation (eg, ClosureFast [formerly known as Venefit or VNUS Closure system])** involves the delivery of controlled radiofrequency (RF) energy through a catheter inserted into the affected vein. The heat generated by the RF energy causes the vein to contract and become occluded.

- **Ligation and stripping** consists of tying off and/or removing the varicose veins just under the skin, through several small incisions made along the veins. Once the veins are tied off and/or removed, the blood will flow through the deep veins back to the heart. Compression wrap to the leg(s) is used to limit bruising and swelling postoperatively.
- **Phlebectomy (ambulatory phlebectomy, microphlebectomy, miniphlebectomy, stab phlebectomy)** is the surgical removal of veins through a small incision.
- **Polidocanol endovenous microfoam (PEM) (Varithena)** sclerotherapy, is a drug/device combination product that dispenses a liquid sclerosant and low-nitrogen gas under pressure, from a proprietary canister. It purportedly generates foam of consistent density with bubbles more uniform in diameter, theorized to be more cohesive than standard manually prepared foam sclerosant. **(Refer to Coverage Limitations Section)**
- **Sclerotherapy (endovenous chemical ablation)** involves injecting a liquid or foam sclerosing agent into the targeted varicose vein, which causes irritation to the inner lining of the vein thereby causing it to collapse. After injecting the sclerosing agent, the extremity is tightly wrapped to keep the vein closed and enhance permanent closure. The body then absorbs the sclerotic tissue. Examples of types of sclerosants include chemical irritants, detergents, and osmotic agents.
- **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 scalpel interrupting incompetent perforator veins in the calf.
- **Transilluminated powered phlebectomy (TIPP)** involves endoscopic resection and ablation of superficial varicosities using an illuminator for vein identification and a powered resector that ablates the vein from underneath. **(See Coverage Limitations Section)**

Coverage Determination

When multiple procedures are requested, the criteria for each must be met.

General Criteria for Varicose Vein Treatments

The general criteria for varicose vein treatments apply to all requests for treatment except sclerotherapy, phlebectomy for recurrent varicosities. *Specific treatments may require additional criteria to be met.*

Humana members may be eligible under the Plan for **varicose vein treatments** when the following **general** criteria are met:

- Duplex ultrasound or Doppler imaging study report shows clinically significant reflux (incompetence), indicated by greater than or equal to 500 milliseconds (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.

Criteria for Specific Treatments

Unless noted otherwise, the following treatments must meet the above [General Criteria for Varicose Vein Treatments](#) for varicose vein treatments in addition to the individual criteria outlined below for each treatment.

Ligation and Stripping

Humana members may be eligible under the Plan for **ligation and stripping** of varicose great or small saphenous veins or perforator veins **when the above [General Criteria for Varicose Vein Treatments](#) are met**. There are no additional criterion requirements.

EVLA, EVLT, RFA of Great or Small Saphenous Veins

Humana members may be eligible under the Plan for **EVLA, EVLT or RFA** of the great or small saphenous veins **when the above [General Criteria for Varicose Vein Treatments](#) are met; AND**

- Initially, one session of endovascular treatment (EVLA, EVLT or RFA) of the great-saphenous vein and one session of endovascular treatment of the small saphenous vein, of the affected extremity, may be approved; **AND**
- A session may include treatment of multiple veins in one or both legs on a single date of service; **AND**
- **Commercial Plan members: requests beyond ONE session** of endovascular treatment (EVLA, EVLT or RFA) of the great saphenous vein and one session of endovascular treatment of the small saphenous vein, of the affected extremity, **require review by a medical director**

Initial/Adjunctive Sclerotherapy, Phlebectomy

(performed at the same time as, or shortly after EVLA, EVLT, RFA or surgical ligation and stripping)

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

Humana members may be eligible under the Plan for **sclerotherapy OR phlebectomy OR a combination** thereof, to treat symptomatic varicose tributary, perforator or accessory veins **when the above [General Criteria for Varicose Vein Treatments](#) are met; AND**

- Sclerotherapy **OR** phlebectomy **OR** a combination thereof, is used **in conjunction with** treatment of saphenous incompetence by EVLA, EVLT, RFA or surgical ligation and stripping of the saphenous system; **AND**
 - Initially, up to three total sessions of treatment with sclerotherapy **OR** phlebectomy **OR** a combination thereof, per leg, may be approved; **AND**
 - Must be completed within 90 days of the first date of service (for EVLA, EVLT, RFA or surgical ligation and stripping); **AND**
 - A session includes treatment(s) rendered on one date of service; **AND**
 - **Commercial Plan members: requests beyond THREE total sessions** of treatment per leg, with sclerotherapy **OR** phlebectomy **OR** a combination thereof, **require review by a medical director**

Sclerotherapy, Phlebectomy for Recurrent Varicosities

(General Criteria for Varicose Vein Treatments does NOT apply)

Humana members may be eligible under the Plan for **sclerotherapy OR phlebectomy OR a combination** thereof, to treat recurrent symptomatic varicose tributary, perforator or accessory veins when the following criteria are met:

- Duplex scan report provides evidence of recurrent and clinically significant varicose veins (reflux greater than or equal to 500 ms [0.5 seconds])

AND 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**
 - Sclerotherapy **OR** phlebectomy **OR** a combination thereof, is being used to treat recurrent varicosities in extremities previously treated with EVLA, EVLT, RFA or surgical ligation and stripping; **AND**
 - Approvals for sessions of sclerotherapy, phlebectomy or a combination thereof **are limited to three per leg; AND**
 - A session includes treatment(s) rendered on one date of service; **AND**
 - **Commercial Plan members: requests beyond THREE total sessions** of treatment per leg, with sclerotherapy **OR** phlebectomy **OR** a combination thereof, **require review by a medical director.**

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

SEPS

Humana members may be eligible under the Plan for **SEPS** to treat symptomatic varicose perforator veins when the following criteria 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](#))⁷

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for the **treatment of varicose veins** by the following methods for any indication:

- Catheter-assisted venous sclerotherapy (KAVS catheter) (also referred to as endovenous catheter-directed chemical ablation with balloon isolation); **OR**
- Cryoablation (also referred to as cryofreezing, cryostripping, cryosurgery, cryotherapy); **OR**

- Cyanoacrylate closure (CAC) (eg, VenaSeal closure system); **OR**
- Endomechanical or mechanochemical ablation (**MOCA**) (eg, ClariVein); **OR**
- Polidocanol endovenous microfoam (PEM) (Varithena); **OR**
- TIPP

These are considered **experimental/investigational** as they are not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for **treatment of telangiectasias** (spider veins, venules, reticular veins, superficial capillaries) by any method including, but not limited to:

- Intense pulsed light (also referred to as photothermal sclerosis) (eg, Lumenis IPL with OPT); **OR**
- Transdermal laser treatment; **OR**
- VeinGogh Ohmic Thermolysis System

These are considered cosmetic. In the absence of a certificate exclusion for cosmetic services, these are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for **the treatment of varicose veins** for any indications other than those listed above or for the following:

- Phlebectomy as the initial sole treatment of perforator vein incompetence; **OR**
- RFA or EVLA/EVLT of varicose tributaries, accessory veins and perforator veins; **OR**
- Sclerotherapy as the initial sole treatment of perforator vein incompetence; **OR**
- Sclerotherapy as the sole treatment of the great saphenous vein or small saphenous vein for incompetence; **OR**
- Sclerotherapy **OR** phlebectomy **OR** a combination thereof as the sole treatment of tributary or accessory veins without associated treatment of saphenous incompetence; **OR**

These indications are considered **not medically necessary** as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Additional duplex ultrasound or Doppler imaging studies for monitoring purposes and/or to assess treatment progress within the initial 90-day treatment period are not separately reimbursable.

Duplex ultrasound or Doppler imaging studies necessary for a procedure-related complication MAY be considered separately reimbursable.

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
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 (eg, great saphenous vein, accessory saphenous vein)	Not Covered
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 (eg, great saphenous vein, accessory saphenous vein), same leg	Not Covered
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Not Covered
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Not Covered
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Not Covered
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	

36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) 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	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Not Covered
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, 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)	Not Covered
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Not Covered if used to report any treatment outlined in Coverage Limitations section
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, 1 extremity; 10-20 stab incisions	
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
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	Not Covered if used to report any treatment outlined in Coverage Limitations section
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Considered integral to primary procedure when used in conjunction with echosclerotherapy, endovenous chemical ablation, or ultrasound-guided sclerotherapy
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	No additional reimbursement provided if performed for monitoring purposes and/or to assess treatment progress within the initial 90 day treatment period
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	No additional reimbursement provided if performed for monitoring purposes and/or to assess treatment progress within the initial 90 day treatment period
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	Not Covered
HCPCS Code(s)	Description	Comments
S2202	Echosclerotherapy	

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Appendix

**Appendix A
CEAP Classification⁷**

<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

- 01/25/2024 Annual Review, Coverage Change.
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