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Subject: Treatments for Varicose Veins/Venous Insufficiency

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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DESCRIPTION:

A variety of treatment modalities are available to treat varicose veins/venous insufficiency, including surgery, thermal ablation, mechanochemical ablation (MOCA), cyanoacrylate adhesive (CAC), and sclerotherapy. 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.

Treatment of venous reflux/venous insufficiency seeks to reduce abnormal pressure transmission from the deep to the superficial veins. Conservative medical treatment consists of elevation of the extremities, graded compression, and wound care when indicated. Conventional surgical treatment consists of identifying and correcting the site of reflux by ligation of the incompetent junction followed by stripping of the vein to redirect venous flow through veins with intact valves. While most venous reflux is secondary to incompetent valves at the saphenofemoral or saphenopopliteal junctions, reflux may also occur at incompetent valves in the perforator veins or the deep venous system. The competence of any single valve is not static and may be pressure-dependent. For example, accessory saphenous veins may have independent saphenofemoral or saphenopopliteal junctions that become incompetent when the great or small saphenous veins are eliminated, and blood flow is diverted through the accessory veins.

POSITION STATEMENT:

Great or Small Saphenous Veins

Treatment of the great or small saphenous veins by surgery (ligation and stripping), endovenous radiofrequency, laser ablation, or microfoam sclerotherapy **meets the definition of medical necessity** for symptomatic varicose veins/venous insufficiency when the following criteria have been met:

- There is demonstrated saphenous reflux and CEAP (Clinical-Etiology-Anatomy-Pathophysiology) class C2* or greater; **AND**
- The varicosities are at least 3 millimeters in size **AND**
- There is documentation of **one or more** of the following indications:
 1. Ulceration secondary to venous stasis; **OR**
 2. Recurrent superficial thrombophlebitis; **OR**
 3. Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity; **OR**
 4. Persistent pain, swelling, itching, burning, or other symptoms are associated with saphenous reflux, **AND** the symptoms significantly interfere with activities of daily living, **AND** conservative management including compression therapy for at least 3 months has not improved the symptoms.

Treatment of great or small saphenous veins by surgery, endovenous radiofrequency, laser ablation, or microfoam sclerotherapy that do not meet the criteria described above is considered **cosmetic and does not meet the definition of medical necessity**.

Accessory Saphenous Veins

Treatment of accessory saphenous veins by surgery (ligation and stripping), endovenous radiofrequency, laser ablation, or microfoam sclerotherapy, **meets the definition of medical necessity** for symptomatic varicose veins/venous insufficiency when the following criteria have been met:

- Incompetence of the accessory saphenous vein is isolated, or the great or small saphenous veins had been previously eliminated (at least 3 months); **AND**
- There is demonstrated accessory saphenous reflux; **AND**
- The varicosities are at least 3 millimeters in size **AND**
- There is documentation of **one or more** of the following indications:
 1. Ulceration secondary to venous stasis; **OR**
 2. Recurrent superficial thrombophlebitis; **OR**
 3. Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity; **OR**
 4. Persistent pain, swelling, itching, burning, or other symptoms are associated with saphenous reflux, **AND** the symptoms significantly interfere with activities of daily living, **AND** conservative management including compression therapy for at least 3 months has not improved the symptoms.

Concurrent treatment of the accessory saphenous veins along with the great or small saphenous veins **meets the definition of medical necessity** when criteria is met for each vein and there is documentation of anatomy showing that the accessory saphenous vein discharged directly into the common femoral vein.

Treatment of accessory saphenous veins by surgery, endovenous radiofrequency, laser ablation, or microfoam sclerotherapy that do not meet the criteria described above is considered **cosmetic and does not meet the definition of medical necessity**.

Symptomatic Varicose Tributaries

The following treatments **meet the definition of medical necessity** as a component of the treatment of symptomatic varicose tributaries when performed either at the same time or following prior treatment

(surgical, radiofrequency, or laser) of the saphenous veins (none of these techniques has been shown to be superior to another):

- Stab avulsion
- Hook phlebectomy
- Sclerotherapy
- Transilluminated powered phlebectomy.

Treatment of symptomatic varicose tributaries, when performed either at the same time or following prior treatment of saphenous veins using any other techniques than those noted above, is considered **experimental or investigational**. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ultrasound guidance for sclerotherapy of the varicose tributaries **does not meet the definition of medical necessity**. There is insufficient scientific evidence in peer-reviewed medical literature that ultrasound guidance has been proven to increase the effectiveness or safety of sclerotherapy for these veins.

Perforator Veins

Surgical ligation (including subfascial endoscopic perforator surgery) or endovenous radiofrequency or laser ablation of incompetent perforator veins **meets the definition of medical necessity** as a treatment of leg ulcers associated with chronic venous insufficiency when **ALL** of the following conditions have been met:

- There is demonstrated perforator reflux; **AND**
- The varicosities are at least 3 millimeters in size **AND**
- The superficial saphenous veins (great, small, or accessory saphenous and symptomatic varicose tributaries) have been previously eliminated; **AND**
- Ulcers have not resolved following combined superficial vein treatment and compression therapy for at least 3 months; **AND**
- The venous insufficiency is not secondary to deep venous thromboembolism.

Ligation or ablation of incompetent perforator veins performed concurrently with superficial venous surgery **does not meet the definition of medical necessity**.

Telangiectasia

Treatment of telangiectasia such as spider veins, angiomas, and hemangiomas is considered **cosmetic and does not meet the definition of medical necessity**.

Other

Techniques for conditions not specifically listed above are considered **experimental or investigational**, including, but not limited to:

- Sclerotherapy techniques, other than microfoam sclerotherapy, of great, small, or accessory saphenous veins
- Sclerotherapy of perforator veins

- Sclerotherapy of isolated tributary veins without prior or concurrent treatment of saphenous veins
- Stab avulsion, hook phlebectomy, or transilluminated powered phlebectomy of perforator, great or small saphenous, or accessory saphenous veins
- Endovenous radiofrequency or laser ablation of tributary veins
- Endovenous cryoablation of any vein
- Mechanochemical ablation (MOCA) of any vein (e.g. ClariVein™ Catheter)
- Cyanoacrylate adhesive of any vein (e.g. VenaSeal Closure System)
- Conservative ambulatory hemodynamic correction of venous insufficiency (CHIVA).

The evidence is insufficient to permit conclusions on efficacy and net health outcomes.

* CEAP Clinical Classification System

C0:	No visible or palpable signs of venous disease
C1:	Telangiectasies or reticular veins
C2:	Varicose veins
C2r:	Recurrent varicose veins
C3:	Edema
C4:	Changes in skin and subcutaneous tissue secondary to CVD
C4a:	Pigmentation and eczema
C4b:	Lipodermatosclerosis and atrophie blanche
C4c:	Corona phlebectatica
C5:	Healed venous ulcer
C6:	Active venous ulcer
C6r:	Recurrent active venous ulcer
S:	Symptoms including ache, pain, tightness, skin irritation, heaviness, muscle cramps, as well as other complaints attributable to venous dysfunction
A:	Asymptomatic

(Lurie, et al. The 2020 update of the CEAP classification system and reporting standards)

BILLING/CODING INFORMATION:

There is no specific CPT code for microfoam sclerotherapy. CPT codes describing sclerotherapy (36468-36471) may be used or the unlisted vascular surgery procedure code 37799. Use of codes 36475-36476 would be inappropriate because the procedure is not ablation therapy.

CPT Coding:

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)
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
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk (Non-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 (Investigational)
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) (Investigational)
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; 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	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins 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 (Investigational)
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) (Investigational)
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, one 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
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 (Investigational)

Mechanochemical ablation may be billed with codes 37241 or 37244.

HCPSC Coding:

S2202	Echosclerotherapy
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ICD-10 Diagnosis Codes That Support Medical Necessity:

I83.001 – I83.899	Varicose veins of lower extremities
I87.2	Venous, insufficiency (chronic) (peripheral)

LOINC Codes:

The following information may be required documentation to support medical necessity: Physician history and physical, attending physician treatment plan, progress notes, and treatment notes including documentation of symptoms, failure of at least 3 consecutive months of medical management, and radiology reports (if applicable).

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0,	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician visit notes	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

REIMBURSEMENT INFORMATION:

Sclerotherapy should be reported under codes 36470 for single vein or 36471 for multiple veins on the same leg. Code 36471 should be reported only once per leg.

Procedure codes 36475 and 36476 include the imaging guidance. Separate payment will not be made for imaging guidance reported with procedure codes 36475 or 36476. Code 36476 should be reported only once per leg.

Procedure codes 36478 and 36479 include imaging guidance. Separate payment will not be made for imaging guidance billed with procedure codes 36478 or 36479. Code 36479 should be reported only once per leg.

Procedure codes 37765 and 37766 should be reported only once per leg and should not be reported together.

Reimburse according to operative report.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: The following were reviewed on the last guideline reviewed date: Local Coverage Determination (LCD) Treatment of Chronic Venous Insufficiency of the Lower Extremities (L38720) and Local Coverage Article: Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities (A58250) located at fcso.com.

DEFINITIONS:

Accessory saphenous vein: A vein running in the thigh parallel to the great and small saphenous veins.

Angiomata: An abnormal growth due to the dilatation or new formation of blood vessels.

Cyanoacrylate adhesive: clear, free-flowing liquid that polymerizes in the vessel via an anionic mechanism (ie, polymerizes into a solid material upon contact with body fluids or tissue).

Great saphenous vein: the longest vein in the body, extending from the dorsum of the foot to just below the inguinal ligament, where it opens into the femoral vein. Also known as the long or large saphenous vein.

Hemangiomas: A benign tumor of blood vessels.

Small saphenous vein: the vein that continues the marginal vein from behind the malleolus and passes up the back of the leg to the knee joint, where it opens into the popliteal vein. Also known as the short or lesser saphenous vein.

Perforator veins: small veins that connect the superficial veins to the deep veins, allowing blood to drain from the skin into the deep veins and then pumped toward the heart.

Superficial veins: veins that run in the subcutaneous tissue in the lower limbs; the great saphenous vein and the small saphenous vein are the two major superficial veins. **Telangiectasia:** a type of varicose veins also known as spider veins; small bluish-purple veins, usually found in clusters on the leg.

Tributaries: veins that empty into larger veins.

RELATED GUIDELINES:

[Durable Medical Equipment \(DME\), 09-E0000-01](#)

[Reconstructive Surgery/Cosmetic Surgery, 02-12000-01](#)

OTHER:

None Applicable

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the BCBSF Medical Policy & Coverage Committee on 06/24/21.

GUIDELINE UPDATE INFORMATION:

02/15/02	04-77260-16 Endoluminal Radiofrequency Ablation for Varicose Veins approved.
07/15/02	Revised to remove limitation for sclerotherapy; Renamed to include other treatments for varicose veins; Renumbered from 04-77260-16 to 02-33000-13.
01/01/03	HCPCS coding update.
06/15/03	Reviewed; no change in coverage.
12/15/03	Sodium tetradecyl sulfate removed from MCG.
04/15/04	Review and revision of guideline consisting of updated references, added coverage statement for laser ablation, and added information about SEPS and Transilluminated Powered Phlebectomy (investigational). These additions led to the archiving of guideline: Subfascial Endoscopic Perforator Surgery (SEPS).
01/01/05	Annual HCPCS update; consisting of the deletion of S2130 and S2131 and addition of 36475, 36476, 36478 and 36479.
04/15/05	Review and revision of guideline; consisting of updated references, added coverage statement for Transilluminated powered phlebectomy.
04/15/06	Review and revision of guideline consisting of updated references.
11/15/06	Revision of guideline.
03/15/07	Review and revision of guideline consisting of updated references.
06/15/07	Reformatted guideline.
05/15/09	Biennial review: position statements and criteria revised; description section, reimbursement information, Medicare Advantage section and references updated.
01/01/10	Annual HCPCS coding review: added code 37761 & revised code descriptors for 37760 & 37765 located in the Program Exceptions section under the Medicare Advantage Products.
02/15/10	Revision: additional position statements added regarding sclerotherapy; reimbursement and definition sections updated.
10/15/10	Revision; related ICD-10 codes added.
02/15/11	Revision; formatting changes.
08/15/11	Revision; formatting changes.
10/01/11	Revision; formatting changes.
07/12/12	Annual review; position statements, billing/coding, Medicare program exception, and

	references updated; formatting changes.
10/15/12	Revision; Accessory saphenous veins position statement and definitions updated; formatting changes.
07/15/13	Annual review; position statement section and references updated; formatting changes.
05/15/14	Annual review; position statements maintained and references updated.
01/01/15	Annual HCPCS/CPT update. Removed code 36469.
02/15/15	Annual review; position statements and references updated; formatting changes.
10/01/15	Revision; ICD10 coding section updated.
11/01/15	Revision: ICD-9 Codes deleted.
02/15/16	Revision; description, position statement section and references updated; formatting changes.
03/23/16	Revision; reimbursement section updated.
05/15/16	Revision to Position Statement.
08/01/16	Revision: Reimbursement Section.
10/01/16	Revision; formatting changes.
01/01/17	Annual CPT/HCPCS update. Added 36473, 36474; revised 36476, 36479.
07/15/17	Revision; position statement section updated to include CHIVA method; references updated.
01/01/18	Annual CPT/HCPCS update. Added codes 36465, 36466, 36482, 36483; revised codes 36468, 36470, 36471.
09/15/18	Review; description, position statement, reimbursement information, and references updated.
01/01/19	Annual CPT/HCPCS coding update. Added code 0524T.
07/15/19	Revision; position statement and references updated.
01/15/20	Review; investigational position for cyanoacrylate adhesive maintained.
07/15/20	Review; position statements maintained and references updated.
12/15/20	Review; position statements maintained and references updated.
01/01/21	Annual CPT/HCPCS update. Code 76970 deleted.
07/15/21	Review; Position statements maintained and references updated.