

Treatments for Varicose Veins, Surgical 04

Table of Content
<u>Purpose</u>
<u>Description & Definitions</u>
<u>Criteria</u>
<u>Coding</u>
<u>Document History</u>
<u>References</u>
<u>Special Notes</u>
<u>Keywords</u>

<u>Effective Date</u>	4/1991
<u>Next Review Date</u>	2/15/2024
<u>Coverage Policy</u>	Surgical 04
<u>Version</u>	6

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Varicose Vein Treatments - Vulvar and Scrotal Varicosity Treatments.

- Sclerotherapy of vulvar and scrotal varicosities is covered without criteria.
-

Description & Definitions:

Varicose vein treatments, by varying methods, are used to reduce or eliminate symptoms caused by the varicosities. Treatment methods may include: ligation (surgical or laser), stripping or chemical sclerotherapy, sclerotherapy for thyroglossal duct cysts lymphatic microsurgery.

Sclerotherapy is the injection of a chemical solution directly into the varicose vein.

Criteria:

Description of Item or Service

- Varicose vein treatments, by varying methods, are used to reduce or eliminate symptoms caused by the varicosities. Treatment methods may include: ligation (surgical or laser), stripping or chemical sclerotherapy, sclerotherapy for thyroglossal duct cysts lymphatic microsurgery.
- Use MCG for the following procedures:
 - Sclerotherapy, Leg Veins (A-0170)
 - Saphenous Vein Ablation, Mechanical Occlusion Chemical Ablation (MOCA) (A-1025)
 - Saphenous Vein Ablation, Radiofrequency (A-0174)
 - Saphenous Vein Ablation, Laser (A-0425)
 - Saphenous Vein Ablation, Adhesive Injection (A-1024)
 - Sclerotherapy Plus Ligation, Saphenofemoral Junction (A-0171)
 - Saphenous Vein Stripping (A-0172)
 - Stab Phlebectomy (A-0735)

Treatment for Varicose Veins is considered medically necessary for **1 or more** of the following:

- **Subfascial endoscopic perforator surgery (SEPS)** with **ALL of the following**:
 - Individual at low operative risk for surgery
 - Incompetent perforators confirmed by duplex ultrasound scanning
 - Individual has advanced chronic venous insufficiency (stage C4 to C6: C4 = skin changes without ulceration, C5 = skin changes with healed ulceration, C6 = skin changes with active ulceration)
 - Individual is unresponsive to a 3 month trial of customary medical treatment

- **Sclerotherapy Treatment of Thyroglossal Duct Cysts** medically necessary for the **one of the following**:
 - Thyroglossal Duct Cysts Ethanol Injection Sclerotherapy initial treatment for individuals with ALL of the following
 - Excision already tried
 - Lesion is monocystic
 - Cystographic studies show no rupture or leakage
 - Cytologic studies show that the lesion is not malignant
 - Thyroglossal Duct Cysts Ethanol Injection Sclerotherapy repeat treatment for individuals with ALL of the following
 - Cyst recurrence

Varicose Veins Treatments are Not Medically Necessary, therefore **NOT COVERED** for **ANY of the following**:

- Ablation saphenous vein tributaries or extensions (e.g. anterolateral thigh, anterior accessory saphenous and Giacomini veins)
- Chemical Adhesive (Cyanoacrylate embolization, cyanoacrylate superglue, n-butyl-cyanoacrylate, e.g. VenaSeal Closure System)
- Cryostripping, (including cryoablation, cryofreezing) of any vein
- Endoluminal cryoablation
- Endomechanical ablative approach (e.g., ClariVein Catheter)
- Endovenous Catheter Directed Chemical Ablation with Balloon Isolation
- Sclerotherapy for treatment of the saphenofemoral junction or the saphenous veins Transdermal laser treatment for the treatment of large varicose veins
- Transdermal laser therapy
- Vein size less than 3mm

The following varicose veins treatments are considered cosmetic procedures, therefore **NOT COVERED** for **ANY of the following**:

- Intense pulsed-light source (photothermal sclerosis) treatment of a varicose vein (e.g., Sciton Clear ScanYAG).
- Sclerotherapy is considered cosmetic for treatment of veins less than 3 mm in diameter
- Sclerotherapy with glycerin/glycerol
- The injection of sclerosing solution into superficial telangiectases such as spider veins, hemangiomas and angiomas
- Treatment using sclerotherapy or various laser treatments (including tunable dye, e.g., PhotoDerm, VeinLase, Vasculite) of the telangiectatic dermal veins (e.g. reticular, capillary, venule), which may be described as "spider veins" or "broken blood vessels"

There is insufficient scientific evidence to support the medical necessity of varicose vein treatment for uses other than those listed in the clinical indications for procedure section.

Coding:

Medically necessary with criteria:

Coding	Description
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
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)
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)
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

49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed
-------	--

Considered Not Medically Necessary:

Coding	Description
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
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
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
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)
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
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)

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2024: February
- 2022: February, August, October
- 2021: February
- 2020: February, July
- 2016: January, February
- 2015: September, October, December
- 2014: March, August, November
- 2013: April, August
- 2012: August
- 2011: August, December
- 2008: September
- 2005: September
- 2004: May, July
- 2003: March, June
- 2001: June

Reviewed Dates:

- 2023: February
- 2018: March
- 2017: March
- 2015: August
- 2010: August
- 2009: September
- 2007: October
- 2006: April
- 2005: December
- 2004: December
- 2003: October
- 2002: June, August

Effective Date:

- April 1991

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2024). Retrieved Feb 2024, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

(2024). Retrieved Feb 2024, from DMAS Provider Manual:
https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0

Cyanoacrylate glue occlusion for varicose veins - Interventional procedures guidance [IPG670]. (2020, Mar). Retrieved Feb 2024, from National Institute for Health And Care Excellence (NICE) Guidelines: <https://www.nice.org.uk/guidance/ipg670>

ESVS Guidelines. (2024). Retrieved Feb 2024, from European Society for Vascular Surgery: <https://esvs.org/guidelines/>

Guidelines & Standards. (2024). Retrieved Feb 2024, from American Vein and Lymphatic Society: <https://www.myavls.org/member-resources/clinical-guidelines.html>

Local Coverage Determination (LCD) Varicose Veins of the Lower Extremities. (2023). Retrieved Feb 2024, from CMS LCD: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Varicose+Veins+of+the+Lower+Extremities&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

Treatment of Varicose Veins. (2024). Retrieved Feb 2024, from Google Search: https://www.google.com/search?q=Treatment+of+Varicose+Veins&rlz=1C1GCEA_enUS1019US1019&oq=Treatment+of+Varicose+Veins+&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIHCAEQABiABDIHCAIQABiABDIHCAMQABiABDIHCAQQABiABDIHCAUQABiABDIHCAYQABiABDIHCACQABiABDIHCAgQABiABDIHCAkQABiA

Varicose veins. (2024). Retrieved Feb 2024, from HAYES: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Varicose%2520vein%2520%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources>

Varicose Veins. (2024). Retrieved Feb 2024, from National Institute of Health: <https://www.nhlbi.nih.gov/health/varicose-veins>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Varicose Veins, Surgical 04, sclerotherapy, venous insufficiency, ligation, incompetent vein, perforating vein, stripping, varicosity, varicosities, sclerosing, telangiectases, spider veins, hemangiomas, angiomas, subfascial endoscopic perforator surgery, SEPS, Ultrasound-Guided Foam Sclerotherapy, UGFS, thyroglossal duct cyst, TGDC, neck mass, Sistrunk, ethanol injection, endovascular laser, transilluminated powered phlebectomy, microphlebectomy, vulvar varicosity, scrotal varicosity, saphenous vein, saphenofemoral valve incompetence, incompetent perforator, aneurysmal bone cysts, ambulatory phlebectomy, ERFA, Endovenous Radiofrequency Ablation, stab phlebectomy, endovenous ablation, vascular endoscopy, SHP Varicose Vein Treatments, Vulvar and Scrotal Varicosity Treatments