

Varicose Vein Treatments - Vulvar and Scrotal Varicosity Treatments

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Coverage Policy Surgical 04
Version 5

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:

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

- **Stab phlebectomy** may be indicated when **ALL of the following** are present:
 - Superficial tributary varicosities that are 3 mm or more in diameter when standing
 - Performed concurrently with or after saphenous vein stripping or ablation
 - Saphenous venous insufficiency symptoms causing functional impairment, including **1 or more** of the following:
 - Bleeding or ruptured superficial varicose veins
 - Leg edema
 - Leg fatigue
 - Leg pain
 - Persistent or recurrent superficial thrombophlebitis

- Persistent or recurrent venous stasis ulcer
 - Skin changes (eg, lipodermatosclerosis, hemosiderosis)
- No clinically significant lower extremity arterial disease
- No deep venous thrombosis on duplex ultrasound or other imaging test
- No lymphedema or severe peripheral edema in region of procedure
- No overlying infection (eg, dermatitis, cellulitis)
- **Saphenous vein stripping** may be indicated when **ALL of the following** are present:
 - Incompetence of saphenous vein documented by duplex ultrasound or other imaging test with valve closure time of greater than 500 msec
 - Saphenous venous insufficiency symptoms causing functional impairment, including **1 or more** of the following:
 - Bleeding or ruptured superficial varicose veins
 - Leg edema
 - Leg fatigue
 - Leg pain
 - Persistent or recurrent superficial thrombophlebitis
 - Persistent or recurrent venous stasis ulcer
 - Skin changes (eg, lipodermatosclerosis, hemosiderosis)
 - No clinically significant lower extremity arterial disease
 - No deep venous thrombosis on duplex ultrasound or other imaging test
 - Radiofrequency or laser ablation contraindicated or not available
- **Endovascular laser saphenous vein ablation** may be indicated when **ALL of the following** are present:
 - Incompetence of saphenous vein documented by duplex ultrasound or other imaging test with valve closure time of greater than 500 msec
 - Saphenous venous insufficiency symptoms causing functional impairment, including **1 or more** of the following:
 - Bleeding or ruptured superficial varicose veins
 - Leg edema
 - Leg fatigue
 - Leg pain
 - Persistent or recurrent superficial thrombophlebitis
 - Persistent or recurrent venous stasis ulcer
 - Skin changes (eg, lipodermatosclerosis, hemosiderosis)
 - No clinically significant lower extremity arterial disease
 - No deep venous thrombosis on duplex ultrasound or other imaging test
- **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
- **Leg vein sclerotherapy** may be indicated for **1 or more** of the following:
 - Bleeding or ruptured superficial varicose veins
 - Recurrent or residual symptomatic superficial varicosities after vein stripping or ablation
 - Skin ulcer with surrounding large superficial varices, when not associated with saphenofemoral valve incompetence
 - Symptomatic superficial varices (localized)
- **Radiofrequency saphenous vein ablation** may be indicated when **ALL of the following** are present:
 - Incompetence of saphenous vein documented by duplex ultrasound or other imaging test with valve closure time of greater than 500 msec
 - Saphenous venous insufficiency symptoms causing functional impairment, including **1 or more** of the following:

- Bleeding or ruptured superficial varicose veins
- Leg edema
- Leg fatigue
- Leg pain
- Persistent or recurrent superficial thrombophlebitis
- Persistent or recurrent venous stasis ulcer
- Skin changes (eg, lipodermatosclerosis, hemosiderosis)
- No clinically significant lower extremity arterial disease
- No deep venous thrombosis on duplex ultrasound or other imaging test
- **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 is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- 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
- Microsurgical treatment of lymphedema (e.g. lymph bypass surgery)
- Non-compressive sclerotherapy
- 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 considered medically necessary:

- Intense pulsed-light source (photothermal sclerosis) treatment of a varicose vein (e.g., Sciton Clear Scan YAG).
- 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"

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
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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:

- 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).

(2022, Aug 31). Retrieved Jan 06, 2023, from MCG: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Jan 12, 2023, from AIM Specialty Health: <https://aimspecialtyhealth.com/resources/clinical-guidelines/>

(2023). Retrieved Jan 12, 2023, from National Comprehensive Cancer Network: <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=Varicose%20Vein&wordsMode=AllWords>

Cyanoacrylate Embolization With the VenaSeal Closure System (Medtronic Inc.) for the Treatment of Varicose Veins. (2022, Sep 02). Retrieved Jan 09, 2023, from Hayes, Inc: <https://evidence.hayesinc.com/report/htb.venaseal4673>

Gloviczki, P., P., L., Wasan, S., Meissner, M., Almeida, J., Brown, K., & Bush, R. (2022, Oct 12). The 2022 Society for Vascular Surgery, American Venous Forum, and American Vein and Lymphatic Society clinical practice guidelines for the management of varicose veins of the lower extremities. Part I. Duplex Scanning and Treatment of Superficial Truncal. Retrieved Jan 13, 2023, from Society for Vascular Surgery: <https://pubmed.ncbi.nlm.nih.gov/36326210/>

LCD: Treatment of Varicose Veins of the Lower Extremities (L39121). (2022, Apr 03). Retrieved Jan 06, 2023, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=39121&ver=7>

Mechanochemical Endovenous Ablation (MOCA) with the ClariVein Infusion Catheter Nonthermal Vein Ablation System (Merit Medical Systems Inc.) for Treatment of Varicose Veins. (2022, Feb 25). Retrieved Jan 09, 2023, from Hayes, Inc: <https://evidence.hayesinc.com/report/htb.endovenous2554>

Passman, M. (2021, Sep 13). Approach to treating symptomatic superficial venous insufficiency. Retrieved Jan 12, 2023, from UpToDate: https://www.uptodate.com/contents/approach-to-treating-symptomatic-superficial-venous-insufficiency?search=varicose%20veins&source=search_result&selectedTitle=2~85&usage_type=default&display_rank=2#H762641469

Polidocanol Endovenous Microfoam (Varithena) 1% for Treatment of Varicose Veins. (2022, Nov 10). Retrieved Jan 09, 2023, from Hayes, Inc: <https://evidence.hayesinc.com/report/htb.varithena3187>

Recently-Approved Devices. (2022, Aug 09). Retrieved Jan 13, 2023, from Food and Drug Administration: <https://www.fda.gov/medical-devices/recently-approved-devices/2022-device-approvals>

Scovell, S. (2022, Sep 28). Laser and light therapy of lower extremity telangiectasias, reticular veins, and small varicose veins. Retrieved Jan 12, 2022, from UpToDate: https://www.uptodate.com/contents/laser-and-light-therapy-of-lower-extremity-telangiectasias-reticular-veins-and-small-varicose-veins?search=varicose%20veins&source=search_result&selectedTitle=3~85&usage_type=default&display_rank=3#H24

Yigit, G. (2023, Jan 02). Outcomes of cyanoacrylate closure of the truncal varicose vein insufficiency: A comparison between young and elderly patients. Retrieved Jan 12, 2023, from PubMed: <https://pubmed.ncbi.nlm.nih.gov/36592404/>

(2022). Retrieved Feb 03, 2022, from Department of Medical Assistance Services: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

Alozai, T., Huizing, E., Schreve, M., Mooij, M., van Vlijmen, C., & Wisselink, W. (2021, Jun 06). A systematic review and meta-analysis of mechanochemical endovenous ablation using Flebogrif for varicose veins. Retrieved Feb 03, 2022, from PubMed: <https://pubmed.ncbi.nlm.nih.gov/34091106/>

Cyanoacrylate Embolization (VenaSeal Closure System) for the Treatment of Varicose Veins. (2021, Dec 09). Retrieved Feb 02, 2022, from Hayes, Inc.: <https://evidence.hayesinc.com/report/htb.venaseal4673>

Passman, M. (2021, Sep 13). Approach to treating symptomatic superficial venous insufficiency. Retrieved Feb 02, 2022, from UpToDate: https://www.uptodate.com/contents/approach-to-treating-symptomatic-superficial-venous-insufficiency?search=Varicose%20Veins&source=search_result&selectedTitle=2~84&usage_type=default&display_rank=2#H762641469

Varicose Veins. (2021, Dec 06). Retrieved Feb 03, 2022, from DynaMed: <https://www.dynamedex.com/condition/varicose-veins>

The care of patients with varicose veins and associated chronic venous diseases: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. (2011, May 01). Retrieved Feb 03, 2022, from Society for Vascular Surgery: <https://www.jvascsurg.org/article/S0741-5214%2811%2900327-2/fulltext>

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