

# Varicose Vein Treatments - Vulvar and Scrotal Varicosity Treatments

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details \*.**

## Purpose:

This policy addresses the medical necessity of 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 moncystic
  - 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

#### Considered Not Medically Necessary:

Coding	Description
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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

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## Special Notes: \*

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

## 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