



**BlueCross BlueShield
of Vermont**

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Treatment of Varicose Veins/Venous Insufficiency Corporate Medical Policy

File Name: Treatment of Varicose Veins/Venous Insufficiency

File Code: UM.SURG.03

Origination: 09/01/2010

Last Review: 11/2017

Next Review: 11/2018

Effective Date: 08/01/2018

Description/Summary

A variety of treatment modalities are available to treat varicose veins/venous insufficiency, including surgical approaches, thermal ablation, and sclerotherapy. The application of each of these treatment options is influenced by the severity of the symptoms, type of vein, source of venous reflux, and the use of other (prior or concurrent) treatments.

The evidence on mechanochemical ablation, cyanoacrylate adhesive, and cryoablation in patients with varicose veins/venous insufficiency includes randomized controlled trials (RCTs) and multicenter series. Relevant outcomes are symptoms, morbid events, functional outcomes, and change in disease status. Several series have been reported on mechanochemical ablation (MCA), and a large RCT comparing MCA with radiofrequency (RF) ablation is ongoing. Efficacy of cyanoacrylate adhesion at 3 months has been shown to be noninferior to RF in a multicenter RCT. Longer term follow-up is needed to determine durability of this treatment. Results from a recent RCT of cryoablation indicate that this therapy is inferior to conventional stripping. The evidence is insufficient to determine the effects of the technology on health outcomes.

Based on the available evidence, clinical input and clinical practice guidelines, the use of endovenous RF, laser ablation, and microfoam sclerotherapy are considered to improve outcomes when used in the saphenous veins. For treatment of saphenous tributaries at the same time or following treatment of the saphenous vein, stab avulsion, hook phlebectomy, sclerotherapy, or transilluminated powered phlebectomy improve outcomes.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I - CPT® Code List & Instructions](#)

[Attachment II - ICD-10 Coding Tables](#)

Great or Small Saphenous Veins

Treatment of the great or small saphenous veins by surgery (ligation and stripping), endovenous radiofrequency or laser ablation, or microfoam sclerotherapy may be considered **medically necessary** 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**

Documentation of one or more of the following indications:

- Ulceration secondary to venous stasis; **OR**
- Recurrent superficial thrombophlebitis **OR**
- Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity; **OR**
- 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 or laser ablation, or microfoam sclerotherapy that do not meet the criteria described above is considered cosmetic and **not medically necessary**.

Accessory Saphenous Veins

Treatment of accessory saphenous veins by surgery (ligation and stripping), endovenous radiofrequency or laser ablation, or microfoam sclerotherapy may be considered **medically necessary** 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**

There is documentation of one or more of the following indications:

- Ulceration secondary to venous stasis; **OR**
- Recurrent superficial thrombophlebitis; **OR**
- Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity; **OR**
- 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 accessory saphenous veins by surgery or endovenous radiofrequency or laser ablation, microfoam sclerotherapy, that do not meet the criteria described above is considered cosmetic and **not medically necessary**.

Symptomatic Varicose Tributaries

The following treatments are considered **medically necessary** 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 noted above is considered **investigational**.

Perforator Veins

Surgical ligation (including subfascial endoscopic perforator surgery) or endovenous radiofrequency or laser ablation of incompetent perforator veins may be considered medically necessary as a treatment of leg ulcers associated with chronic venous insufficiency when the following conditions have been met:

- There is demonstrated perforator reflux; **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 is **not medically necessary**.

Telangiectasia

Treatment of telangiectasia such as spider veins, angiomas, and hemangiomas is considered cosmetic and **not medically necessary**.

Other Veins

Techniques for conditions not specifically listed above are **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 of any vein
- Cyanoacrylate adhesive of any vein

Policy Guidelines

The standard classification of venous disease is the CEAP (Clinical, Etiologic, Anatomic, Pathophysiologic) classification system. The following is the Clinical portion of the CEAP.

Clinical Classification

- C0 No visible or palpable signs of venous disease
- C1 Telangiectasies or reticular veins
- C2 Varicose veins
- C3 Edema
- C4a Pigmentation and eczema
- C4b Lipodermatosclerosis and atrophie blanche
- C5 Healed venous ulcer
- C6 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

The Etiologic, Anatomic, And Pathophysiologic portions of the classifications are online (<http://www.veinforum.org/uploadDocs/1/Revised-CEAP-Classification---May-2004.pdf>).

It should be noted that the bulk of the literature discussing the role of ultrasound guidance refers to sclerotherapy of the saphenous vein, as opposed to the varicose tributaries. When ultrasound guidance is used to guide sclerotherapy of the varicose tributaries, it would be considered either not medically necessary or incidental to the injection procedure.

There is no specific CPT code for transilluminated powered phlebectomy. Providers might elect to use CPT codes describing stab phlebectomy (37765 or 37766) or unlisted vascular surgery procedure (37799).

Mechanochemical ablation should be reported with the unlisted vascular surgery procedure code 37799.

There is no specific CPT for microfoam sclerotherapy. Providers might elect to use CPT codes describing sclerotherapy (36468-36471) or the unlisted vascular surgery procedure code 37799. Use of codes 36475-36476 would be inappropriate as the procedure is not ablation therapy.

Reference Resources

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Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit

Plan Brochure. It is important to verify the member’s benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

Coverage varies according to the member’s group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member’s employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

09/2010	New policy. CAC approved 07/2010.
03/2014	ICD 10 remediation. Revised /updated standard language (document precedence and audit information sections) added. Code tables reformatted. Hyperlinks created for attachments. ICD diagnosis list hyperlink also created for URL for website.
03/2015	Local expert input and changes to be c/w BCBSA policy- eliminates prior requirement for treating saphenous vein if no reflux is identified for accessory, tributary and perforators.
10/2016	Adopted BCBSA MPRM 7.01.124, Updated coding table ICD 10 Section.
10/2017	Policy updated with literature review; references added, CPT® Codes 37473, 37474 & 37243 added to coding table Policy statements remain unchanged.
11/2017	Added codes effective 01/01/2018 36465 &36466 to require prior authorization.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors

Date Approved

Gabrielle Bercy-Roberson, MD, MPH, MBA
 Senior Medical Director
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Joshua Plavin, MD, MPH, MBA
 Chief Medical Officer

Attachment I
CPT® Code List & Instructions

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
CPT®	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)	Prior approval required
CPT®	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	Prior approval required
CPT®	36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	Prior approval required
CPT®	36470	Injection of sclerosing solution; single vein	Prior approval required
CPT®	36471	Injection of sclerosing solution; multiple veins, same leg	Prior approval required

CPT®	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Prior approval required
CPT®	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)	Prior approval required
CPT®	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Prior approval required
CPT®	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)	Prior approval required

CPT®	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Prior approval required
CPT®	+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)	Prior approval required
CPT®	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Prior approval required
CPT®	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	Prior approval required
CPT®	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Prior approval required
CPT®	37718	Ligation, division, and stripping, short saphenous vein	Prior approval required

CPT®	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Prior approval required
CPT®	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	Prior approval required
CPT®	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	Prior approval required
CPT®	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Prior approval required
CPT®	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Prior approval required
CPT®	37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	Prior approval required
CPT®	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Prior approval required
CPT®	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Prior approval required
CPT®	37799	Unlisted procedure, vascular surgery	Prior approval required
HCPCS	S2202	Echosclerotherapy	Prior approval required

Attachment II
ICD-10 Coding Tables

ICD-10	Description	ICD-10	Description
183.001	Varicose veins of unspecified lower extremity with ulcer of thigh	183.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
183.002	Varicose veins of unspecified lower extremity with ulcer of calf	183.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
183.003	Varicose veins of unspecified lower extremity with ulcer of ankle	183.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
183.004	Varicose veins of unspecified lower extremity with ulcer of heel and midfoot	183.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
183.005	Varicose veins of unspecified lower extremity with ulcer other part of foot	183.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
183.008	Varicose veins of unspecified lower extremity with ulcer other part of lower leg	183.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
183.009	Varicose veins of unspecified lower extremity with ulcer of unspecified site	183.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
183.011	Varicose veins of right lower extremity with ulcer of thigh	183.219	Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation
183.012	Varicose veins of right lower extremity with ulcer of calf	183.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation

183.013	Varicose veins of right lower extremity with ulcer of ankle	183.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
183.014	Varicose veins of right lower extremity with ulcer of heel and midfoot	183.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
183.015	Varicose veins of right lower extremity with ulcer other part of foot	183.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
183.018	Varicose veins of right lower extremity with ulcer other part of lower leg	183.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
183.019	Varicose veins of right lower extremity with ulcer of unspecified site	183.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
183.021	Varicose veins of left lower extremity with ulcer of thigh	183.229	Varicose veins of left lower extremity with both ulcer of unspecified site and inflammation
183.022	Varicose veins of left lower extremity with ulcer of calf	183.811	Varicose veins of right lower extremities with pain
183.023	Varicose veins of left lower extremity with ulcer of ankle	183.812	Varicose veins of left lower extremities with pain
183.024	Varicose veins of left lower extremity with ulcer of heel and midfoot	183.813	Varicose veins of bilateral lower extremities with pain
183.025	Varicose veins of left lower extremity with ulcer other part of foot	183.819	Varicose veins of unspecified lower extremities with pain

183.028	Varicose veins of left lower extremity with ulcer other part of lower leg	183.891	Varicose veins of right lower extremities with other complications
183.029	Varicose veins of left lower extremity with ulcer of unspecified site	183.892	Varicose veins of left lower extremities with other complications
183.10	Varicose veins of unspecified lower extremity with inflammation	183.893	Varicose veins of bilateral lower extremities with other complications
183.11	Varicose veins of right lower extremity with inflammation	183.899	Varicose veins of unspecified lower extremities with other complications
183.12	Varicose veins of left lower extremity with inflammation	187.2	Venous insufficiency (chronic) (peripheral)
183.201	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation		Blank
183.202	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation		Blank
183.203	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation		Blank
183.204	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation		Blank

183.205	Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation		Blank
183.208	Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation		Blank