MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

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MP.066.MH – Varicose Veins

This policy applies to the following lines of business:
- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers the treatment of **Varicose Veins** medically necessary for the following indications:

1. **Surgical treatment, sclerotherapy, radiofrequency ablation or laser ablation, and subfascial** endoscopic perforator vein surgery (SEPS) for the treatment of varicose veins of the legs are eligible for payment for those members who meet all of the following criteria:

   A. A documented three month trial of conservative therapy ordered by the treating physician including support/graduated compression stockings with a minimum of (12-18 mmHg), leg elevation, weight reduction to BMI<35 and exercise program of cal muscle pumping activity when appropriate. *Note: Use of non-graduated compression garments such as support pantyhose does not fulfill this requirement*

   B. Duplex studies of the venous system performed by an accredited vascular technician that fully defines the anatomy, size and bent/twisted condition of the greater and lesser saphenous vein, superficial venous segments and perforators. These studies must demonstrate both of the following:
      - Absence of deep venous thrombosis
      - Documented incompetence (reflux>500msec) of the Valves of the Saphenous, Perforator or Deep venous systems consistent with the patient's symptoms and findings.
      - Greater and /or lesser saphenous vein valvular incompetence/reflux that correlates with the patient's symptoms

   C. Any one of the following:
      - Hemorrhage from ruptured or ulcerated superficial varix requiring medical or surgical intervention and/or compensation for blood loss anemia or documented aneurysmal formation with skin and vein wall fusion (pre-rupture).

- Pain, cramping, aching, itching or burning in the extremity substantial enough to impair mobility or activities of daily living
- The veins are demonstrable (bulging) above the surface of the skin
- Recurrent superficial phlebitis in dilated incompetent veins or clusters
- Non-healing skin ulceration of the leg
- Refractory dependent edema or other complications from venous stasis such as dermatitis

**NOTE: Lack of patient compliance with compression stockings does not support the need for intervention without documentation of other failed conservative treatments as well.*

2. Sclerotherapy (compression) – in addition to the general criteria, when injecting varicose veins with sclerosing solution, all of the following criteria must also be met:
    - There is no sapheno-femoral insufficiency, incompetency or occlusion of the deep veins
    - The varicosities are at least 3-6mm in size .
    - Sclerotherapy may be covered as part of a combination procedure with surgical ligation and excision.

3. Radiofrequency Endovenous Occlusion (ERFA) and Endovenous Laser Ablation (EVLA) - in addition to the general criteria above, all of the following must be met:
    - Patient's anatomy is amenable to laser or radiofrequency catheter with absence of vein bending or twisting that would impair catheter advancement.
    - Maximum vein diameter of 20mm.
    - Non-aneurysmal saphenous vein or portion of vein at risk of rupture, hemorrhage or adjacent skin injury
    - No planned treatment of incompetent valves or risk of direct injury to perforator veins of the calf that may induce thrombus propagation into the deep vein system.
    - Absence of clinically significant or symptomatic peripheral arterial disease.

4. **Stab or Ambulatory Phlebectomy** may be medically necessary for the treatment of patients who meet the general indications for varicose vein listed above and persons whose symptoms and functional impairment are attributable only to the secondary, smaller vessels and in whom sclerotherapy or endovenous occlusion techniques are not feasible.

5. SEPS for identified perforator incompetence, may be medically necessary for the treatment of patients who meet the general indications for varicose vein surgical stripping listed above as demonstrated by chronic venous insufficiency secondary to primary valvular incompetence of superficial and perforating veins, with or without deep venous incompetence, and when conservative treatment has failed.

Limitations

1. Injection of a sclerosing solution into telangiectasias, (spider veins, hemangiomata and angiomata) regardless of the anatomical site (leg, face, trunk) is considered cosmetic and are not covered.
2. When performing ligation and division of the long saphenous vein at the saphenofemoral junction, placement of a percutaneous suture instead of a true ligation will be denied.
3. Doppler ultrasound or duplex scans will be required prior to the treatment to characterize the venous anatomy and pathology (can demonstrate both the absence of deep venous thrombosis and greater and/or lesser saphenous vein valvular incompetence/reflux that correlates with the patient's symptoms). Ultrasound or duplex scans to guide or monitor during sclerotherapy will not be covered.
4. All methods of treatment for asymptomatic varicose veins, superficial telangiectasias, spider veins, and other superficial vascular anomalies including sclerotherapy, photothermal sclerosis (Vasculight®) and all forms of laser treatments are considered cosmetic and not covered.
5. Non-compressive sclerotherapy is also not covered because this treatment method has not been shown to be effective in providing long-term obliteration of the incompetent veins.
6. Sclerotherapy, with or without ultrasound guidance, is considered ineffective for treatment of the sapheno-femoral junction or the saphenous veins, and has not been proven effective in treating larger veins, nor has it been shown to be effective for members with reflux at the sapheno-femoral or saphenopopliteal junctions.
7. SEPS for the treatment of post-thrombotic syndrome or varicose veins without identified perforator incompetence is considered experimental/investigational because the effectiveness for these indications has not been established.
8. Transdermal laser treatment of large symptomatic varicose veins is not covered.

Background

Varicose Veins are defined by the Centers for Medicare and Medicaid (CMS) as dilated and distended veins with incompetent valves and defective walls that result in dependency induced stasis changes and reverse flow of venous blood into the extremity, eventuating in distended, tortuous, protrusive superficial veins or clusters of

veins, lower extremity edema, discoloration, skin changes or ulceration, phlebitis, clot formation and potential significant hemorrhage.

The treatment of varicose veins is intended to relieve symptoms and manage complications to prevent further health issues and improve quality of life. Conservative treatments for varicose veins include exercise, periodic leg elevation, weight loss, compressive therapy and avoidance of immobility. For patients who fine conventional methods unsuccessful, additional treatment options are available. These include surgical treatment, radiofrequency endovenous occlusion (ERFA), endovenous laser ablation, injection/compression sclerotherapy, and subfascial endoscopic perforator vein surgery (SEPS).

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
36470	Injection of sclerosing solution: single vein
36471	Injection of sclerosing solution; multiple veins, same leg
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 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 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
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
ICD-10 codes covered if selection criteria are met:	
D17.79	Benign lipomatous neoplasm of other sites
D18.01	Hemangioma of skin and subcutaneous tissue
I71.6	Thoracoabdominal aortic aneurysm, without rupture
I80.00-I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremity
I83.001-I83.009	Varicose veins of unspecified lower extremity with ulcer
I83.011-I83.019	Varicose veins of right lower extremity with ulcer of unspecified site
I83.021-I83.029	Varicose veins of left lower extremity with ulcer of unspecified site
I83.10-I83.12	Varicose veins of lower extremity with inflammation
I83.201-I83.209	Varicose veins of unspecified lower extremity with both ulcer and inflammation
I83.211-I83.219	Varicose veins of right lower extremity with both ulcer and inflammation
I83.221-I83.229	Varicose veins of left lower extremity with both ulcer and inflammation
I83.811-I83.819	Varicose veins of lower extremities with pain
I83.891-I83.899	Varicose veins of lower extremities with other complications
I87.001- I87.009	Post thrombotic syndrome without complication
I87.011- I87.019	Post thrombotic syndrome with ulcer
I87.021- I87.029	Post thrombotic syndrome with inflammation
I87.031- I87.039	Post thrombotic syndrome with ulcer and inflammation
I87.091-I87.099	Post thrombotic syndrome with other complications

I87.2	Venous insufficiency (chronic) (peripheral)
I97.42	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other procedure
L97.101-L97.129	Non-pressure chronic ulcer of thigh with specified severity
L97.301-L97.329	Non-pressure chronic ulcer of ankle with specified severity
L97.801-L97.829	Non-pressure chronic ulcer of other part of lower leg with specified severity
L97.901-L97.929	Non-pressure chronic ulcer of specified part of lower leg with specified complications
K40.90	Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent
M79.609	Pain in unspecified limb
M79.9	Soft tissue disorder, unspecified
Q27.32	Arteriovenous malformation of vessel of lower limb

References

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2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). No. L34924 – Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities. (Contractor: Novitas Solutions, Inc.). Revision Effective Date: 04/18/2019https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34924&ver=67&Date=&DocID=L34924&bc=iAAAABAAAAAA&
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4. Hayes Medical Technology Directory. Sclerotherapy for Symptomatic Varicose Veins. Publication date: 12/07/2004. Annual review date: 01/16/2009. Archived 01/07/2010.

5. Wright N, Fitridge R. Varicose Veins: Natural history, assessment and management. Aust Fam Physician. 2013 June; 42(6):380-384. https://www.ncbi.nlm.nih.gov/pubmed/23781544

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