Clinical Policy: Varicose Vein Treatment

Reference Number: WA.CP.MP.522
Date of Last Revision: 05/23
Effective Date: 09/01/23

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for endovenous laser ablation (EVLA), radiofrequency ablation (RFA), sclerotherapy and phlebectomy.

Policy/Criteria

I. It is the policy of Coordinated Care of Washington, Inc., in accordance with the Health Care Authority's Health Technology Assessment, that endovenous laser ablation (EVLA), radiofrequency ablation (RFA), phlebectomy and sclerotherapy using liquid or foam irritants including, but not limited to, Varithena, are **medically necessary** for the following indications:

A. Varicose veins, *all* of the following:
   a. Demonstrated reflux in the affected vein, as evidenced by junctional reflux ≥ 500 milliseconds;
   b. For tributary varicose veins ONLY, diameter must be ≥ 3mm
   c. Symptoms or complications, at least *one* of the following:
      i. Pain and/or swelling sufficient to interfere with instrumental activities of daily living and duration ≥ 3 months
      ii. Presence of complications (e.g., ulceration, bleeding, or recurrent thrombophlebitis)

B. None of the following contraindications:
   1. Previous administration of sclerotherapy agent in the same vein < 6 weeks prior;
   2. Allergy to sclerotherapy agent;
   3. Pregnancy or within 3 months after delivery;
   4. Acute febrile illness;
   5. Local or general infection;
   6. Peripheral arterial disease;
   7. Severe distal arterial occlusive disease (ankle-brachial index 0.4 or less);
   8. Critical limb ischemia, arterial ulcer(s), gangrene;
   9. Obliteration of deep venous system;
   10. Deep venous thrombosis (DVT);
   11. Acute deep venous thrombophlebitis or acute superficial thrombophlebitis;
   12. Prolonged immobility;
   13. Tortuosity of the great saphenous vein severe enough to impede catheter placement;
   14. Klippel-Trenaunay Syndrome or other congenital venous abnormalities.
   15. Potential requirement of the great or small saphenous vein for an arterial or coronary bypass.

C. If cyanoacrylate adhesive (e.g. VenaSeal™) is requested, treatment is for *one* of the following:

a. The small saphenous vein only;
b. The great saphenous vein in a member/enrollee who has a documented lidocaine allergy.

II. It is the policy of Coordinated Care of Washington, Inc., that there is insufficient evidence in the published peer-reviewed literature to support the use of sclerotherapy for any of the following indications:
A. Asymptomatic varicose veins: superficial reticular veins and/or telangiectasias;
B. For the treatment of all other conditions than those specified above.

Note: Coordinated Care of Washington, Inc., utilizes InterQual® criteria for review of ligation and/or stripping procedures for the treatment of varicose veins, including the following CPT codes: 37700, 37718, 37722, 37780, 37785 and 37799.

Background

Varicose veins are enlarged, twisted blood vessels often found in the lower extremities. Although commonly asymptomatic, they can cause significant pain and discomfort and can negatively impact quality of life.1,5-7 Varicose veins are considered a sign of chronic venous insufficiency, a condition characterized by dysfunction of the valves in veins with venous reflux, which can cause increased local venous blood pressure and blood pooling in affected areas.5 Additionally, varicose veins can uncommonly be associated with superficial thrombophlebitis, bleeding, and ulceration. The pathophysiology that leads to varicosities include inadequate muscle pump function, incompetent venous valves (reflux), venous thrombosis, and nonthrombotic venous obstruction.8

Sclerotherapy

According to clinical practice guidelines by the Society for Vascular Surgery and the American Venous Form, sclerotherapy is an acceptable treatment option for varicose veins.2 Sclerotherapy is a minimally invasive and cost-effective procedure used to treat varicose veins.9-11 To perform this procedure, chemical irritants are injected into the unwanted vein to close varicosities.1-2,8,10 Destruction of venous endothelial cells and the formation of a fibrotic obstruction facilitate the venous closure due to injection of sclerosing agents.2,12 Liquid and foam sclerotherapy are the two predominant modalities for the introduction of sclerosing agents.2,7 Categories of sclerosing agents include osmotic, alcohol, and detergent agents.2

Systematic reviews of randomized controlled trials of sclerotherapy have found that choice of sclerosing agents, dose, formulation (foam versus liquid), among other factors lack a significant effect on the efficacy of sclerotherapy for varicose veins.6,10 Trials using standardized sclerosant doses and clearly defined outcomes are needed to obtain higher quality evidence.6

There is no consensus in the literature regarding the optimal number of sclerotherapy treatments required to reduce the symptoms associated with varicose veins. Treatment of symptomatic recurrent varicose veins should be performed after careful evaluation of the patient with duplex scanning to assess the etiology, source, type, and extent of recurrent varicose veins.2 Unnecessary retreatment of an effectively sclerosed vein should not be performed since

retreatment of any single area should be delayed for six to eight weeks to allow the treated veins to completely heal.5

Clinical practice guidelines updated in 2022 by the Society for Vascular Surgery, the American Venous Form, and the American Vein and Lymphatic Society recommend that evaluation of venous reflux performed with duplex ultrasound scanning and all of the following13:
1. Performed with the member standing whenever possible (if member cannot stand then a sitting of reverse Trendelenburg position can be used);
2. Use of either a Valsalva maneuver or distal augmentation when assessing the common femoral vein and saphenofemoral junction;
3. Use of distal augmentation with either manual compression or cuff deflation when evaluating more distal segments;
4. Performed in an accredited lab by a credentialed ultrasonographer;
5. Ultrasound scan interpreted by a physician trained in venous duplex ultrasound evaluation.

Endovenous ablation with cyanoacrylate
Cyanoacrylate adhesive closure (CAC) uses cyanoacrylate glue (ie VenaSeal) to seal the vein from the saphenofemoral junction without the use of tumescent anesthesia.14-15 This technique has been shown to be safe and effective and prevents the potential complication of nerve injury.12,14-15 According to a Hayes review of nine studies, there is an overall low-quality body of evidence regarding the use of VenaSeal due to overall study limitations, lack of follow up on the effectiveness past one year, small amount of studies comparing cyanoacrylate with other alternatives, and "limited numbers of studies reporting the same patient-centered outcomes."12

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
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.
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)

CPT® Codes	Description
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.
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.
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.
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions.
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)
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

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed.	10/19	11/19
Background updated with no impact on criteria. References reviewed and updated. Corrected typos and grammatic errors. Changed structure to be more consistent with corporate policy.	05/20	06/20
Revised policy statement adding Varithena as an example of a foam irritant. Added 36468 to code list not medically necessary. In I.A.2., added tributary and accessory vein treatment as indications when meeting the established criteria.	09/20	10/20

Reviews, Revisions, and Approvals	Revision Date	Approval Date
"Experimental/investigational" verbiage replaced in policy statement with descriptive language. References reviewed and updated. Removed duplicate reference. Replaced all instances of member with member/enrollee.	05/21	06/21
Clarified in III to cyanoacrylate is used in endovenous ablation and not sclerotherapy. Updated background accordingly. Changed "review date" in policy header to "date of last revision," and "date" in the revision log header to "revision date." Updated references.	10/21	10/21
Annual review. Added I.C, that if cyanoacrylate adhesive (VenaSeal) is requested, it is for the smaller saphenous vein only. Removed section III stating that cyanoacrylate adhesive is not medically necessary. References reviewed and updated. Background updated with no impact on criteria. Specialist reviewed. Moved codes 36482 and 36483.	4/22	5/22
Annual review. References reviewed and updated. Section I. medical necessity criteria revised to align with HTA/HCA billing guidelines. Removed ligation/stripping procedures from policy description and criteria. Added note below section II. regarding use of InterQual criteria for review of ligation/stripping procedures. Removed ligation procedure codes 37780 and 37785 from CPT code table. Updated section B. contraindications to correspond to HTA/billing guidelines and current corporate sclerotherapy/EVLA policy CP.MP.146. Updated section C. Venaseal requirements per CP.MP.146. Background updated with no impact on criteria. Removed table of codes that do not support medical necessity.	05/23	05/23

References

1. Scovell S. Injection sclerotherapy techniques for the treatment of telangiectasias, reticular veins, and small varicose veins. UpToDate. www.uptodate.com. Published January 14, 2022. Accessed March 02, 2023.
2. Kabnick LS, Scovell S. Overview of lower extremity chronic venous disease. UpToDate. www.uptodate.com. Published January 23, 2023. Accessed March 02, 2023.
3. Lurie F, Passman M, Meisner M, et al. The 2020 update of the CEAP classification system and reporting standards [published correction appears in J Vasc Surg Venous Lymphat Disord. 2021 Jan;9(1):288]. J Vasc Surg Venous Lymphat Disord. 2020;8(3):342 to 352. doi:10.1016/j.jvsv.2019.12.075
4. Moneta G. Classification of lower extremity chronic venous disorders. UpToDate. www.uptodate.com. Published June 11, 2021. Accessed April 19, 2023.
5. Weiss MA, Hsu JT, Neuhaus I, Sadick NS, Duffy DM. Consensus for sclerotherapy. Dermatol Surg. 2014;40(12):1309 to 1318. doi:10.1097/DSS.0000000000000225
6. Kaygin MA, Halici U. Evaluation of liquid or foam sclerotherapy in small varicose veins (ceap c1) with venous clinical severity score. Rev Assoc Med Bras (1992). 2018;64(12):1117 to 1121. doi:10.1590/1806-9282.64.12.1117

7. Koramaz İ, El Kılıç H, Gökalp F, et al. Ablation of the great saphenous vein with nontumescent n-butyl cyanoacrylate versus endovenous laser therapy. J Vasc Surg Venous Lymphat Disord. 2017;5(2):210 to 215. doi:10.1016/j.jvsv.2016.09.007
8. Lim CS, Davies AH. Graduated compression stockings. CMAJ. 2014;186(10):E391 to E398. doi:10.1503/cmaj.131281
9. Behravesh S, Yakes W, Gupta N, et al. Venous malformations: clinical diagnosis and treatment. Cardiovasc Diagn Ther. 2016;6(6):557 to 569. doi:10.21037/cdt.2016.11.10
10. de Ávila Oliveira R, Riera R, Vasconcelos V, Baptista-Silva JC. Injection sclerotherapy for varicose veins. Cochrane Database Syst Rev. 2021;12(12):CD001732. Published 2021 Dec 10. doi:10.1002/14651858.CD001732.pub3
11. Worthington-Kirsch RL. Injection sclerotherapy. Semin Intervent Radiol. 2005;22(3):209 to 217. doi:10.1055/s-2005-921954
12. Health Technology Assessment. Cyanoacrylate embolization with the VenaSeal closure system (Medtronic Inc) for the treatment of varicose veins. Hayes. www.hayesinc.com. Published September 02, 2022. Accessed March 08, 2023.
13. Gloviczki P, Lawrence PF, Wasan SM, et al. 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 Reflux: Endorsed by the Society for Vascular Medicine and the International Union of Phlebology. J Vasc Surg Venous Lymphat Disord. 2023;11(2):231 to 261.e6. doi:10.1016/j.jvsv.2022.09.004
14. Dillavou ED, Kiguchi M. Comparison of methods for endovenous ablation for chronic venous disease. UpToDate. www.uptodate.com. Updated August 31, 2021. Accessed April 11, 2023.
15. Scovell, S. Nonthermal, nontumescent ablation techniques for the treatment of lower extremity superficial venous insufficiency. UpToDate. www.uptodate.com. Updated November 04, 2022. Accessed April 11, 2023.
16. Local coverage articleTreatment of chronic venous insufficiency of the lower extremities (L38720). Centers for Medicare and Medicaid Services Web site. http://www.cms.hhs.gov/mcd/search.asp. Published December 27, 2020. Accessed March 31, 2023.
17. Armstrong DG, Meyr AJ. Compression therapy for the treatment of chronic venous insufficiency. UpToDate. www.uptodate.com. Updated July 06, 2021. Accessed March 27, 2023.
18. Hayes, Inc. *Selected Treatments for Varicose Veins*. Washington State Health Technology Assessment. April 20, 2017.
19. Washington State Health Care Authority. *Physician-Related Services/Health Care Professional Services Billing Guide*. https://www.hca.wa.gov/assets/billers-and-providers/Physician-related-services-bg-20230501.pdfRevised May 1, 2023.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical

policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.