

Policy: MP033

Section: Medical Benefit Policy

Subject: Varicose Vein Treatments

Applicable Lines of Business

| | | | |
|------------|---|------|---|
| Commercial | X | CHIP | X |
| Medicare | X | ACA | X |
| Medicaid | X | | |

I. Policy: Varicose Vein Treatments

II. Purpose/Objective:

To provide a policy of coverage regarding varicose vein treatments including sclerotherapy and surgical interventions

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an

illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

Telangiectases – (Spider veins, web veins, thread veins) are permanently dilated blood vessels that create fine, red lesions or lines with radiating limbs on the skin.

Varicose veins- are large, superficial veins that have become tortuous, dilated, and elongated. They are usually caused by incompetence of the valvular system within the vein. In severe cases, they can cause pain and swelling of the extremity.

DESCRIPTION: Treatment of varicose veins that have not responded to conservative management such as compression stockings, and have resulted in recurrent superficial thrombophlebitis, severe and persistent pain and swelling, hemorrhage from a ruptured superficial varicosity, or intractable ulceration secondary to venous stasis, can be treated by sclerotherapy, ligation and excision (stripping).

Sclerotherapy involves injection of an inflammatory agent, known as a sclerosant or sclerosing agent, which results in irritation and damage to the lining and tissue of the vein wall. This damage results in hardening or sclerosing of the vein, which eventually results in reabsorption.

The goal of surgical therapy is to improve venous circulation by correcting venous insufficiency through the removal of major reflux pathways.

INDICATIONS: REQUIRES PRIOR AUTHORIZATION by a Geisinger Health Plan Medical Director or designee

Liquid or Foam Sclerotherapy (including Varithena™), Mechanochemical Ablation (MOCA (e.g. ClariVein®) or Stab Phlebectomy, or a combination of both may be considered medically necessary for the treatment of symptomatic varicose tributaries, accessory, and perforator veins when the following criteria are met:

Medical record documentation of Duplex ultrasound or Doppler imaging validation of clinically significant venous insufficiency* **AND** at least one of the following:

- Hemorrhage from venous varicosity; **OR**
- Venous stasis ulceration; **OR**
- Superficial phlebitis; **OR**
- Medical complications of venous insufficiency such as:
 - Documented symptoms of venous insufficiency of the lower extremities such as itching, burning or edema that interferes with activities of daily living and represents a functional impairment, or pain that has failed to respond to a trial of nonprescription or prescription analgesics;

AND

- Documentation of a trial of at least three months of conservative, non-operative treatment including, but not limited to, compliance with compressive stockings providing 20- 30 mm Hg pressure.

*Note: Venous insufficiency is generally defined as outward flow of the saphenous vein lasting greater than or equal to 500 milliseconds or greater than or equal to 350 milliseconds for perforator veins. While documentation of venous insufficiency is adequate to satisfy the authorization requirement, actual values may be used for auditing purposes.

Requests for sclerotherapy (initial treatment or repeat treatment) must be accompanied by a detailed treatment plan, including history and documentation of failed non-invasive treatments. Photographs may be requested at the Plan's discretion. Initially, 1 to 3 sclerotherapy sessions for both legs are considered medically necessary for insured individuals who meet criteria. Up to 20 injections in each leg may be administered in any one session. Requests for additional sclerotherapy sessions are subject to medical necessity review and must include resubmission of updated medical records to include information to clarify if the intended treatment site is new, a recurrence, or a failure of previous therapy.

Vein stripping, ligation, endovenous radiofrequency or laser ablation, excision, cyanoacrylate-based therapy (e.g., VenaSeal™) or transilluminated powered phlebectomy** of the great saphenous vein, small saphenous vein or both, or perforator veins, may be considered medically necessary when the following criteria are met:

- Duplex ultrasound or Doppler imaging validation of clinically significant venous insufficiency indicated by outward flow of the saphenous vein lasting greater than or equal to 500 milliseconds, or greater than or equal to 350 milliseconds for perforator veins; **AND**
- At least **one** of the following is exhibited:

- Severe and persistent pain and swelling interfering with activities of daily living and/or requiring chronic analgesic medication; or
- Recurrent phlebitis or thrombophlebitis; or
- Intractable ulceration, recurrent cellulitis, or continuous stasis dermatitis secondary to venous insufficiency; or
- More than one episode of minor hemorrhage from a ruptured superficial varicosity; or
- A single significant hemorrhage from a ruptured venous varicosity.

*NOTE: A trial of conservative management is not required for insured individuals who meet criteria for saphenous vein ablation, or who have persistent or recurrent varicosities and have undergone prior endovenous catheter ablation procedures or stripping/division/ligation in the same leg. Conservative management is unlikely to be successful in this population.

**NOTE: For Medicaid Business Segment - cyanoacrylate-based therapy (cpt codes 36482, 36483) requires a Program Exception

Requests for vein stripping, ligation, endovenous radiofrequency or laser obliteration, or transilluminated powered phlebectomy invasive varicose vein therapies (initial treatment or repeat treatment) must be accompanied by a detailed treatment plan, including history and documentation of failed non-invasive treatments. Photographs may be requested at the Plan's discretion. Requests for repeat treatment are subject to medical necessity review and must include resubmission of updated medical records to include information to clarify if the intended treatment site is new, a recurrence, or a failure of previous therapy.

Subfascial Endoscopic Perforator Surgery (SEPS) may be considered medically necessary for the treatment of advanced chronic venous insufficiency secondary to primary valvular incompetence of superficial and perforator veins, with or without deep venous incompetence, when the following criteria are met:

- Medical record documentations of Duplex ultrasound or Doppler imaging validation of clinically significant venous insufficiency* AND
- Perforator vein is greater than or equal to 3.5 mm; AND
- Is located beneath an open or healed venous ulcer

*Note: Venous insufficiency is generally defined as outward flow of the saphenous vein lasting greater than or equal to 500 milliseconds or greater than or equal to 350 milliseconds for perforator veins. While documentation of venous insufficiency is adequate to satisfy the authorization requirement, actual values may be used for auditing purposes.

CONTRAINDICATIONS:

Sclerotherapy is contraindicated in the presence of any of the following:

- Uncontrolled diabetes
- Pregnancy
- Inability to ambulate
- Significant incompetence of the saphenofemoral or saphenopopliteal junctions
- Acute deep vein thrombosis or thrombophlebitis

EXCLUSIONS:

Sclerotherapy and/or surgical interventions for the treatment of varicose veins less than 3 mm are considered cosmetic and are **NOT COVERED**. Sclerotherapy for treatment of telangiectasias and/or surgical intervention for treatment of varicose veins, performed primarily for cosmetic purposes from which no significantly improved physiologic function could be reasonably expected are **Excluded** per the line of business specific benefit documents for commercial lines of business and LCD L27539 for GOLD, and is **NOT COVERED**.

Sclerotherapy is considered experimental and investigational for treatment of the saphenofemoral junction or the saphenous veins because sclerotherapy has not been proven to be effective for treatment of these large veins. Sclerotherapy alone has not been shown to be effective for persons with reflux at the saphenofemoral or saphenopopliteal junctions; under established guidelines, individuals with reflux should also be treated with endovenous ablation, ligation or division of the junction to reduce the risk of varicose vein recurrence.

Photothermal sclerosis (ie. Photoderm Vasculight) is considered **experimental, investigational and unproven**, and is **NOT COVERED**. The effectiveness of this procedure has not been established in the current peer-reviewed published medical literature.

Laser treatment of telangiectasias is considered cosmetic and **NOT COVERED**.

Cryostripping, (including cryoablation, cryofreezing) of any vein is considered **experimental, investigational and unproven** and is **NOT COVERED**. The effectiveness of this procedure has not been established in the current peer-reviewed published medical literature

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Varicose Vein Treatment

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

- 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.
- 36299 Unlisted procedure, vascular injection
- 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
- 36466 multiple incompetent truncal veins; same leg
- 36468 single or multiple injections of sclerosing solutions, spider veins (telangiectasias); limb or trunk
- 36470 Injection of sclerosing solution; single vein
- 36471 multiple veins, 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 second and subsequent veins in a single extremity, each through a separate access site
- 36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
- 36479 second and subsequent veins in a single extremity, each through a separate access site
- 36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., 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 (e.g., 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
- 37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage
- 37242 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor
- 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
- 37244 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
- 37500 Vascular endoscopy, surgical, with ligation/ 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 and 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 perforators, subfascial, radical, with or without skin graft

37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg

37765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions

37766 more than 20 incisions

37780 Ligation and division of short saphenous vein at sapheno-popliteal junction (separate procedure)

37785 Ligation, division, and/or excision of varicose vein cluster(s), one leg

37799 Unlisted procedure, vascular surgery

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

93971 duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited Study

ICD10 Codes:

I80.00,I80.01, I80.02,I80.03,I80.3,I83.002,I83.003,I83.008,I83.009, I83.012, I83.013, I83.018, I83.019, I83.022, I83.023,I83.028,I83.02,I83.11,I83.12,I83.202,I83.203,I83.208, I83.209. I83.212, I83.213, I83.218, I83.222, I83.223, I83.228,I83.891,I83.892,I83.893,I83.899,I87.2,R58,I87.311,I87.312, I87.313 I87.319,I87.321,I87.322, I87.323, I87.329, I87.331,I87.332, I87.333, I87.339, I87.391, I87.392, I87.393, I87.399,I83.90 ,I83.91 , I83.92 , I83.93 , I87.001 , I87.002 , I87.003 , I87.009 , I87.011 , I87.012 , I87.013 ,I87.019 , I87.021 , I87.022 , I87.023 , I87.029 , I87.031 , I87.032 , I87.033 , I87.039 , I87.091 , I87.092 ,I87.093 , I87.099 , I87.301 ,I87.302 , I87.303 , I87.309

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LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 6/95

Revised: 10/97, 4/98, 12/99, 2/03(define criteria for each intervention), 9/03 add procedure, exclusion, coding, references, 6/04 (criteria and coverage change); 7/05 coding; 7/06 (coding/indications); 03/07; 3/10 (coding); 3/11(criteria, exclusion added); 12/12 (criteria), 12/14(added exclusion); 5/16 (removed exclusion); 5/18; 3/20 (Program exception note)

Reviewed: 3/08, 3/09, 3/12, 1/14, 1/16, 4/17, 3/19, 3/21, 3/22, 3/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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