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 Subject: Procedures for the Treatment of Symptomatic  
 Varicose Veins  
 Effective Date: June 1, 2009

Clinical Documentation and Prior Authorization Required	√	Type of Review - Case Management	
Not Covered		Type of Review – Precertification Department	√
		Administrative Process (Internal Use Only)	LPN

**Note:** Background, product, and disclaimer information is located at the end of this document.

### Overview

Varicose veins are abnormally enlarged, tortuous vessels that develop when the thin venous valve flaps no longer meet in the midline of the vein, which allows blood to reflux, flow in a retrograde direction. Superficial venous reflux causes elevated intravascular pressure, which leads to progressive distension, dilation, and tortuosity of the vein. Superficial veins lack muscle support and lie close to the surface of the skin, so they become visible with increased intravascular pressure. Weakening of the affected vein walls further aggravates the condition. Varicose veins are found most often on the back of the calf or on the inside of the leg between the groin and ankle and are commonly the result of reflux through the valve at the junction between the greater saphenous vein (GSV) and the common femoral vein (Hayes, Inc. 2006).

### Coverage Guidelines

The Tufts Health Plan Coverage Guidelines below are for the following procedures (please see CPT codes):

- Vein stripping and ligation
- Stab phlebectomy
- Radiofrequency ablation
- Endovenous laser therapy (EVLT)
- Sclerotherapy
- Subfascial endoscopic perforator surgery

**1. Tufts Health Plan may authorize the treatment of symptomatic varicose veins with vein stripping and ligation, stab phlebectomy, radiofrequency ablation or endovenous laser therapy with Medical Record documentation of any one of the following:**

- a. Leg ulcer(s) that is due to saphenous vein incompetence and is refractory to conservative management for at least 6 months, immediately prior to the request for authorization, including leg elevation, customized graded compression stockings and local wound care; or
- b. Recurrent bleeding from a ruptured superficial varicosity; or
- c. History of a single episode of significant bleeding requiring urgent medical care;

**OR**

**2. Medical Record documentation of all of the following:**

- a. Incompetence/reflux with Doppler evaluation and/or Doppler ultrasonography documented at the saphenofemoral or saphenopopliteal junction, and documented vessel size  $\geq 3$ mm
- b. Failure of conservative management including leg elevation and customized graded compression stockings with an ankle pressure  $\geq 30$  mmHg for 6 consecutive months
- c. And at least **one** of the following:
  - Severe and persistent pain and swelling in the affected limb, resulting in clearly documented impairment in mobility and inability to perform activities of daily living
  - Superficial thrombophlebitis: either 2 or more episodes of one persistent episode unresponsive to  $\geq 4$  weeks of conservative therapy, including nonsteroidal anti-inflammatory drugs (NSAIDS)
  - Refractory dependent edema

**3. Tufts Health Plan may authorize the coverage of sclerotherapy for the treatment of symptomatic varicose veins, when one of the following criteria is met:**

- a) Covered as an adjunct to prior or concomitant saphenous vein ligation/division/stripping for treatment of venous reflux disease. The Member must meet criteria for vein ligation/division/stripping.
- b) Covered as treatment for varicose tributaries, in the absence of proximal reflux and as non-adjunct to vein stripping/division/ligation or other covered procedures, when large varicose tributaries are present. The Member must meet criteria for vein ligation/division/stripping.

Please Note: Sclerotherapy is not covered when done concomitant to endovenous laser therapy because it is not considered medically necessary.

**4. Tufts Health Plan may authorize the coverage of subfascial endoscopic perforator surgery (SEPS) when all of the following criteria are met:**

- a) Documented Doppler evaluation and/or duplex ultrasonography of the incompetent perforator on the medial aspect of the thigh being treated
- b) Documented failure of conservative treatment including leg elevation and graded compression stockings for at least 6 months
- c) Documentation of either venous stasis dermatitis/ulcer or chronic venous insufficiency.

**5. Tufts Health Plan may authorize the coverage of stab phlebectomy in combination with endovenous laser therapy when the following criteria is met:**

- a) The tributaries to be treated must be equal to or greater than 5mm in size at the time of the authorized endovenous ablation.

Limitations (for all of the above procedures)

**The following limitations are not covered because they do not meet the Tufts Health Plan definition of medical necessity:**

- Tufts Health Plan will not cover any treatment of varicose veins for cosmetic purposes.
- Tufts Health Plan will not cover sclerotherapy as the sole treatment of varicose veins without associated ligation/division/ablation or stripping in patients with saphenofemoral, greater and/or lesser saphenous reflux/incompetence or perforator veins connecting superficial (greater and lesser saphenous) and deep (popliteal and femoral) systems.
- Tufts Health Plan will not cover subfascial endoscopic perforator surgery (SEPS) for the treatment of venous insufficiency as a result of post-thrombotic syndrome or varicose veins.

- Tufts Health Plan will not cover any of the following procedures for the treatment of varicose veins:
  - Transdermal laser treatment
  - Photothermal sclerosis
  - Transilluminated powered phlebectomy
- Tufts Health Plan will not cover ultrasound-monitored or duplex-guided techniques during covered sclerotherapy injections.

## Codes

The following HCPCS/CPT code(s) require prior authorization:

Code	Description
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 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; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
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 elbow
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
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Ligation and division and/or excision of varicose vein cluster(s), one leg
S2202	Echosclerotherapy

## References

1. Centers for Medicare & Medicaid Services (CMS). Article for sclerotherapy for [varicose veins](#) of the lower extremities with or without doppler/duplex guidance (A34378). Medicare Coverage Database. Retrieved on May 4, 2007 from [http://www.cms.hhs.gov/mcd/viewarticle.asp?article\\_id=34378&article\\_version=7&show=](http://www.cms.hhs.gov/mcd/viewarticle.asp?article_id=34378&article_version=7&show=)
2. Hayes, Inc. Transilluminated powered phlebectomy for symptomatic varicose veins. Hayes Medical Technology Directory. May 22, 2002.
3. Hayes, Inc. Transilluminated powered phlebectomy for symptomatic varicose veins. Hayes Medical Technology Directory. Update Search. April 5, 2007.
4. Hayes, Inc. Endoluminal radiofrequency ablation for varicose veins of the leg. Hayes Medical Technology Directory. May 15, 2006.
5. Hayes, Inc. Endovenous laser therapy for varicose veins of the leg. Hayes Medical Technology Directory. October 26, 2006.
6. Hayes, Inc. Sclerotherapy for symptomatic varicose veins. Hayes Medical Technology Directory. December 27, 2004.
7. Hayes, Inc. Sclerotherapy for symptomatic varicose veins. Hayes Medical Technology Directory. Update Search. December 29, 2006.
8. Radiology Info. Endovenous radiofrequency ablation. Radiological Society of North America. Retrieved on April 9, 2007 from <http://www.radiologyinfo.org/en/info.cfm?pg=varicoseabl&bhcp=1>

## Approval History

Reviewed by the Clinical Coverage Criteria Committee on May 7, 2007.

Subsequent Endorsement Date(s) and Changes Made:

- July 25, 2007: Coverage of sclerotherapy clarified.
- March 11, 2008: Changes to formatting only.
- July 7, 2008: Conservative management clarified.
- June 1, 2009: Changes made to when more than one type of vein treatment will be authorized.

## Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for Tufts Health Plan benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. Tufts Health Plan makes coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the Tufts Health Plan service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Tufts Health Plan revises and updates Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to all fully insured Tufts Health Plan products unless otherwise noted in this guideline or the Member's benefit document. This guideline does not apply to Tufts Health Plan Medicare Preferred or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical

Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates will take precedence. Providers in the New Hampshire service area are subject to CIGNA HealthCare's provider arrangement for the purpose of CareLink<sup>SM</sup>.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.