

# BENEFIT COVERAGE POLICY

**Title:** BCP-63 Varicose Vein Treatment

**Effective Date:** 01/01/2019



Physicians Health Plan  
PHP Insurance Company  
PHP Service Company

## Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

### 1.0 Policy:

Health Plan covers treatment of varicose veins when deemed medically necessary and is supported by clinical documentation to meet criteria below. Services to treat varicose veins require prior approval for coverage of Covered Health Services.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

### 2.0 Background:

Varicose veins are abnormally enlarged and tortuous vessels caused by incompetent valves in the venous system that allow blood leakage or reflux. They are the visible surface manifestation of an underlying syndrome of venous insufficiency. Venous insufficiency syndromes allow venous blood to escape from its normal flow path and flow in a retrograde direction down into an already congested leg.

Mild forms of venous insufficiency are merely uncomfortable, annoying, or cosmetically disfiguring. This condition can become clinically important when symptoms such as cramping, throbbing, burning, swelling, feeling of heaviness or fatigue, and alterations in skin pigmentation in the afflicted area become pronounced. Severe varicosities may be associated with dermatitis, ulceration, and thrombophlebitis.

First-line treatment of varicose veins includes conservative methods such as exercise, weight reduction, elevation of the legs, avoidance of prolonged immobility, or compression therapy. When these measures fail, medium to large incompetent veins may be treated with surgical stripping, ligation, sclerotherapy, endovenous laser therapy (EVLT), or endoluminal radiofrequency ablation (ERFA).

### 3.0 Clinical Determination Guidelines:

A. Treatment of varicose veins is covered when ALL the following exists (1- 5 below):

1. The patient is symptomatic and has one or more of the following:
    - a. Documented history of complications of venous stasis – dermatitis, ulceration, subcutaneous induration; **or**
    - b. History of hemorrhage of large varicosities; **or**
    - c. Significant symptoms: persistent leg aching or pain, heaviness, or cramping and/or swelling during activity or after prolonged standing, severe enough to impair mobility or interfere with activities of daily living; **or**
    - d. Recurrent episodes of superficial phlebitis in the affected area; and refractory dependent edema due to the varicosities.
  2. A three-month trial of conservative therapy which has failed, such as:
    - a. Exercise.
    - b. Periodic leg elevation.
    - c. Weight loss.
    - d. Compressive therapy.
    - e. Avoidance of prolonged immobility where appropriate.
  3. Doppler evaluation and/or duplex ultrasonography of the symptomatic varicose vein demonstrating incompetence/reflux and documented vessel size >3 mm.
  4. Absence of thrombosis or significant vein tortuosity, which would impair catheter advancement.
  5. Absence of significant peripheral arterial diseases.
- B. The following procedures are covered when medical necessity criteria in A. above are met:
1. Excision.
  2. Ligation and stripping.
  3. Ambulatory phlebectomy (stab or hook phlebectomy) – does not have to demonstrate reflux if EVLA/EVLT has been performed.
  4. Radiofrequency endovenous occlusion (ERFA or Venefit Closure, previously known as VNUS) of greater or lesser saphenous vein, if ultrasound shows evidence of venous reflux.
  5. Endovenous Laser Therapy (EVL) of greater and/or lesser saphenous vein, if ultrasound shows evidence of venous reflux.
- C. ERFA or VNUS for perforator veins is a covered benefit when ALL the following are met:
1. Doppler and/or Duplex ultrasonography evaluation and report within 12 months prior to the requested procedure, confirms reflux of the incompetent perforator vein and location on the medical aspect of the calf being treated; **and**
  2. Failure or intolerance of medically supervised conservative management, including but not limited to compression stocking therapy, for at least three consecutive months; **and**
  3. Documentation of at least ONE of the following conditions:
    - a. Venous stasis dermatitis/ulceration.
    - b. Chronic venous insufficiency.

D. Subfascial endoscopic perforator surgery (SEPS) is a covered benefit when ALL the following are met:

1. Doppler and/or Duplex ultrasonography evaluation and report within 12 months prior to the requested procedure, confirms reflux of the incompetent perforator vein and location on the medical aspect of the calf being treated; **and**
2. Failure or intolerance of medically supervised conservative management, including but not limited to compression stocking therapy, for at least three consecutive months; **and**
3. Documentation of at least ONE of the following conditions:
  - a. Venous stasis dermatitis/ulceration.
  - b. Chronic venous insufficiency.

E. Sclerotherapy treatment is a covered benefit when:

1. Primary (initial) sclerotherapy for treatment of symptomatic saphenous varicose veins or tributaries  $\geq 3$  mm when reflux proximal to the incompetence (i.e., at the saphenofemoral or saphenopopliteal junction) is concurrently being or has previously been treated (i.e., ligation and excision, RFA, and/or EVLT).
2. One or more series of three secondary treatment sessions (i.e., retreatment, subsequent treatments) are covered as medically necessary when ALL the following criteria are met, for each series requested:
  - a. Symptomatic varicosities  $\geq 3$  mm persist or have recurred following a previously completed series of primary or secondary sclerotherapy.
  - b. Inadequate clinical response to a recent trial of medical management including leg elevation and compression.
  - c. Absence of reflux proximal to the incompetence (i.e., at the saphenofemoral or saphenopopliteal junction).
  - d. Submission of a clearly defined treatment plan including procedure codes and the number of treatment/procedures clinically indicated.

F. The following procedures are not covered:

1. Considered cosmetic in nature and not medically necessary:
  - a. Treatment of telangiectasis or varicose veins that are less than 3 mm in diameter by any method.
  - b. Foam sclerotherapy (e.g., Asclera/polidocanol injectable foam).
  - c. Intense pulsed-light source (photothermal sclerosis) treatment of a varicose vein.
2. Considered experimental, investigational or unproven:
  - a. Non-compressive sclerotherapy.
  - b. Transdermal laser therapy.
  - c. Trans-illuminated Powered Phlebectomy (TIPP, TriVex <sup>TM</sup>).
  - d. SEPS for treatment of venous insufficiency as a result of post-thrombotic syndrome.
  - e. Sclerotherapy (i.e., liquid, foam, ultra-sound guided, endovenous chemical ablation, endovenous microfoam) when performed for ANY of the following indications:

- i. As a sole treatment of accessory, reticular or varicose tributaries without associated occlusion of the saphenofemoral or saphenopopliteal junction.
- ii. As a sole treatment for reflux occurring at the saphenofemoral or saphenopopliteal junction.
- f. ERFA and EVLT for accessory or perforator veins, unless D.1-3 above applies.
- g. Endomechanical or mechanochemical ablative approach (e.g., ClariVein™ Catheter, mechanical occlusion chemically assisted ablation [MOCA], mechanical-chemical endovenous ablation [MCEA], mechanically enhanced endovenous chemical ablation [MEECA]).
- h. Venaseal/cyanoacrylate embolization (CAE).
- i. Coil embolization.
- j. Cryostripping (including cryoablation, cryofreezing) of any vein.

**4.0 Coding: .**

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union.

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Reference</b>
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
36471	Injection of sclerosing solution; multiple incompetent veins (other than telangiectasia), same leg	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
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 (List separately in addition to code for primary procedure)	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
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	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Reference</b>
	sites (List separately in addition to code for primary procedure)		
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
37718	Ligation, division, and stripping, short saphenous vein	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
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	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions division, and/or excision of varicose vein cluster(s), one leg	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	Y	Benefits and Coverage; Professional Fees for Surgical and Medical Expenses

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>
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 (e.g., great saphenous vein, accessory saphenous vein)	Experimental/investigational/unproven
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 (e.g., great saphenous vein, accessory saphenous vein), same leg	Experimental/investigational/unproven
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	Cosmetic, not medically necessary
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring percutaneous, mechanochemical; first vein treated	Experimental/investigational/unproven
36474	... subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Experimental/investigational/unproven
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	Experimental/investigational/unproven
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 (List separately in addition to code for primary procedure)	Experimental/investigational/unproven

<b>ICD-10 DIAGNOSIS CODES</b>	
<b>Code</b>	<b>Description</b>
I80.00 - I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremity
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
I83.001 – I83.029	Varicose veins of lower extremity with ulcer
I83.10 – I83.12	Varicose veins of lower extremity with inflammation
I83.201 - I83.229	Varicose veins of 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 right lower extremities with other complications
I87.011 - I87.019	Post-thrombotic syndrome with ulcer of lower extremity
I87.021 - I87.029	Post-thrombotic syndrome with inflammation of lower extremity
I87.031 - I87.039	Post-thrombotic syndrome with ulcer and inflammation of lower extremity

ICD-10 DIAGNOSIS CODES	
Code	Description
I87.091 - I87.099	Post-thrombotic syndrome with other complications of lower extremity
I87.2	Venous insufficiency (chronic) (peripheral)
I87.311 - I87.319	Chronic venous hypertension (idiopathic) with ulcer of lower extremity
I87.321 - I87.329	Chronic venous hypertension (idiopathic) with inflammation of lower extremity
I87.331 - I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation of lower extremity
I87.391 - I87.399	Chronic venous hypertension (idiopathic) with other complications of lower extremity

### 5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

### 6.0 Terms & Definitions:

**Ambulatory phlebectomy** (AKA microphlebectomy) – A minimally invasive procedure performed under local anesthesia, and is an accepted outpatient therapy for the removal of incompetent veins below the saphenofemoral and saphenopopliteal junctions, not including the proximal great or short saphenous veins.

**Chronic venous insufficiency (CVI)** – A condition that occurs when the venous wall and/or valves in the leg veins do not work effectively, making it difficult for blood to return to the heart from the legs. Symptoms of CVI are pooling of blood in the lower legs causing leg swelling (stasis), changes in the skin texture and color, and skin ulcers.

**Doppler study** – A handheld ultrasound instrument used to determine the competency of the valves in the veins. Also referred to as duplex, venogram, or duplex scan.

**Endovenous laser therapy (EVLT)** – A minimally invasive ultrasound-guided treatment that uses radiofrequency ablation (RFA) or laser ablation (ELA) to cauterize and close abnormally enlarged veins (varicose veins) in the legs.

**Ligation and stripping** – Ligation is the surgical tying off of a large vein in the leg called the greater saphenous vein. Stripping refers to the removal of this vein through incisions in the groin area or behind the knee. These procedures are done under general anesthesia.

**Phlebectomy** – A minimally invasive procedure that uses small incisions or a needle to remove varicose veins on the surface of the leg.

**Reticular veins** – veins measuring 1 to 4mm in diameter, are usually a blue-green or purple color and form areas of unattractive clusters of veins predominantly located on the inner thigh or ankles and on the back of the legs. They do not protrude above the skin like varicose veins.

**Sclerotherapy** – A procedure used to eliminate small varicose veins and spider veins. It involves an injection of a solution (generally a salt solution) directly into the vein. The solution causes the vein to scar, forcing blood to reroute through healthier veins. The collapsed vein is reabsorbed and eventually fades.

**Telangiectasias (spider veins)** – Intradermal varicosities that are small, usually less than 0.3 mm in diameter, and tend to be cosmetically unappealing but not symptomatic.

**Varicose veins** – Veins that have become enlarged and twisted. This is caused by the valves in the veins not working properly allowing blood to flow backwards (reflux) causing the veins to enlarge. This can lead to pain, especially when standing, leg swelling, eczema, skin thickening and ulcerations.

### 7.0 References, Citations & Resources:

1. Hayes Technology Brief: Endovenous Mechanochemical Ablation (MOCA) (ClariVein Occlusion Catheter, Nonthermal Vein Ablation System [Vascular Insights LLC]) for Treatment of Varicose Veins. June 19, 2018.
2. MCG: CareWebQI Guidelines, ACG: A-0174 (AC) Saphenous Vein Ablation, Radiofrequency. 22nd Edition, January 30, 2018.
3. MCG: CareWebQI Guidelines, ACG: A-0425 (AC) Saphenous Vein Ablation, Laser. 22nd Edition, January 30, 2018.
4. MCG: CareWebQI Guidelines, ACG: A-0170 (AC) Sclerotherapy, Leg Veins. 22nd Edition, January 30, 2018.
5. MCG: CareWebQI Guidelines, ACG: A-0171 Sclerotherapy Plus Ligation, Saphenofemoral Junction, 22nd Edition, January 30, 2018.

**8.0 Associated Documents [For internal use only]:**

Business Process Flow (BPF) – None.

Standard Operating Procedure (SOP) – MM-03 Benefit Determinations; MM-25 Transition/Continuity of Care; MM-55 Peer-to-Peer Conversations; SOP 007 Algorithm for Use of Criteria for Benefit Determinations.

Desk Level Procedure (DLP) – None.

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Partial Coverage, Partial Non-Coverage Letter; Specific Exclusion Denial Letter.

Form – Request Form: Out of Network/ Prior Authorization.

Other – None

**9.0 Revision History:**

Original Effective Date: 06/14/2004

Last Approval Date: 11/12/2018

Next Review Date: 11/12/2019

Revision Date & Approval	Reason for Revision
2/16	Annual review and update: Title changes – removed references to Medical Resource Management with title changed to “Medical Policy” and Responsible Dept is now “Utilization Management.” Removed references to Sparrow PHP, Healthy Michigan, MI Child and MDHHS. Product Application – added reference to COC definitions related to policy. General Background – information added. Clinical Determination Guidelines – reorganized information by clinical criteria (expanded failed conservative treatment), procedure, and non-covered procedures. ICD-10 codes added. References and Resources updated
2/17	Annual review – changed from MRM Medical Policy 002 to Benefit Coverage Committee Policy formatting; revised B.3 to remove reflux criteria s/p EVLA or EVLT treatment; added 2 new CPT codes effective 1/1/2017 to “Non-Covered Codes” table.
2/18	Sclerotherapy moved from "not covered, cosmetic" to "covered when criteria met, PA" - criteria added (Sec. 3.0 E), removed (Sec. 3.0 F.2.e.ii). Codes moved from "Not Covered" to "Covered." (36470, 36471). Added "Reticular veins" to "Terms & Definitions." Clarified measurements for telangiectasias and varicose veins.
9/18	References updated. No criteria or code changes. Annual review and approval by QI/MRM 10/10/18.