Subject: Varicose Vein Interventions (Lower Extremities)*

Effective Date: July 31, 2007

Department(s): Utilization Management

Policy: Interventionsal treatment of symptomatic lower extremity varicose veins is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to delineate criteria of medical necessity of several types of treatment for varicose veins of the lower extremities.

Procedure:

1. Interventional treatment of varicose veins (ICD-9 454.0 – 454.8; 459.81; ICD-10 I83.001-I83.005, I83.008, I83.009, I83.011-I83.015, I83.015, I83.018, I83.019, I83.021-I83.025, I83.028, I83.029, I83.10-I83.12, I83.201- I83.205, I83.208, I83.209, I83.211-I83.215, I83.218, I83.219, I83.221- I83.225, I83.228, I83.229, I83.811-I83.813, I83.819, I83.891-I83.893, I83.899) is reimbursable if at least one of the following circumstances is present:

A. Incompetence or reflux, and absence of deep venous occlusive disease, and vessel size ≥3 mm, documented by Doppler and/or duplex ultrasonography

OR

Documented varicose tributaries, accessory or perforator veins in the absence of (or successful prior treatment of) reflux in the saphenofemoral or saphenopopliteal junctions

AND

i. Failure of conservative management (including but not limited to leg elevation, compression hose) for six consecutive months
ii. At least one of the following clinical circumstances:
   a. pain causing impairment of mobility or activities of daily living
   b. recurrent (>1 episode) phlebitis
   c. refractory dependent edema
   d. persistent stasis dermatitis

B. Leg ulcerations due, in the opinion of the treating physician, to venous insufficiency, that are refractory to conservative management

C. Bleeding from a varix

2. Reimbursable treatments for varicose veins of the lower extremities include the following:

   A. Sclerotherapy (CPT 36470, 36471)
   B. Ambulatory phlebectomy (37765, 37766)
   C. Ligation and excision (37700, 37718, 37722, 37735, 37760, 37780, 37785)
   D. Radiofrequency ablation (RFA) (36475, 36476)
   E. Endovenous laser therapy (EVLT) (36478, 36479)
   F. Superficial endoscopic perforator surgery (SEPS) (37500)

3. Treatment of asymptomatic varicose veins (ICD-9 454.9; ICD-10 I83.90-I83.93) or spider veins/telangiectasia (ICD-9 448.9; ICD-10 I78.8, I78.9 CPT 36468) is NOT reimbursable as this is deemed cosmetic and thus not medically necessary.

4. The following varicose vein interventions are NOT reimbursable, as they are deemed experimental, investigational or unproven because there is not yet a sufficient body of peer-reviewed literature supporting their efficacy:

   A. Transilluminated powered phlebectomy (TIPP, Trivex™)
   B. Transdermal laser therapy
   C. Intense pulsed-light source (photothermal sclerosis)
   D. Varithena (polidocanol injectable microfoam) sclerotherapy. There is no specific CPT code for Varithena-unlisted procedure code CPT 37799 is currently used for this service along with unlisted drug code J3490 for the microfoam.
References


Hayes Health technology Brief- Varitehan (Polidocanl Injectable foam) for Treatment of Varicose veins. Publication Date March 31, 2015. Accessed at Hayesinc.com


Greenberg DL. Varicose veins. UpToDate 15.1 December 4, 2006. available at http://www.utdol.com/utd/content/topic.do?topicKey=genr_med/5088&view=print accessed 05/30/07


National Institute for Clinical Excellence (UK) Interventional Procedure Guidance 37. Transilluminated powered phlebectomy for varicose veins. Issue date: Jan 2004


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*